## Case 17-02205 Doc 1 Filed 01/25/17 Entered 01/25/17 16:28:12 Desc Main Document Page 1 of 73

| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | -                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | ■ Chapter 7                   |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself  |   |   |
|----|--|---|---|
|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):                                       |
| 1. | Your full name   |   |   |
|    | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Michael First name  W. Middle name  Duzey  Last name and Suffix (Sr., Jr., II, III) | Bridget First name  M. Middle name  Duzey  Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names.  |   |   |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-5994   | xxx-xx-5488   |

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Debtor 1
Debtor 2
Michael W. Duzey
Bridget M. Duzey

Case number (if known)

|  |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |  |  |
|--|--|---|---|--|--|--|--|
| 4.   | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ■ I have not used any business name or EINs.  Business name(s)  EINs  |  |  |  |  |
| 5. Where you live  |  | 25300 West Marilyn Meadow Court<br>Wauconda, IL 60084   | If Debtor 2 lives at a different address:   |  |  |  |  |
|  |  | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code  |  |  |  |  |
|  |  | Lake     County   | County  |  |  |  |  |
|  |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |  |  |  |  |
|  |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |  |  |  |  |
| 6. Why you are choosing this district to file for bankruptcy |  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) |  |  |  |  |
|  |  |   |   |  |  |  |  |

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Page 3 of 73 Document Michael W. Duzey Debtor 1 Debtor 2 **Bridget M. Duzey** Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ■ No. bankruptcy within the last 8 years? ☐ Yes. When Case number District When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor District When Case number, if known Debtor Relationship to you When District Case number, if known 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? □ Yes.

☐ No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

bankruptcy petition.

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| Deb | otor 2 Bridget M. Duzey   |                    |  |  | Case number (if known)  |  |  |  |  |  |
|-----|---|--------------------|--|--|---|--|--|--|--|--|
|     |   |                    |  |  |   |  |  |  |  |  |
| Par | t 3: Report About Any Bu  | ısinesses          | You Owr  | ı as a Sole Proprie                    | tor   |  |  |  |  |  |
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.              | Go to  | Part 4.                                |   |  |  |  |  |  |
|     |   | ☐ Yes.             | ☐ Yes. Name and location of business   |  |   |  |  |  |  |  |
|     | A sole proprietorship is a  |                    |  |  |   |  |  |  |  |  |
|     | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                    |  | e of business, if any                  |   |  |  |  |  |  |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |                    | Numb   | Number, Street, City, State & ZIP Code |   |  |  |  |  |  |
|     | it to this petition.  |                    | Chec   | k the appropriate bo                   | ox to describe your business:   |  |  |  |  |  |
|     |   |                    |  | Health Care Busir                      | ness (as defined in 11 U.S.C. § 101(27A))   |  |  |  |  |  |
|     |   |                    |  | Single Asset Real                      | Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |  |  |  |
|     |   |                    |  | Stockbroker (as d                      | lefined in 11 U.S.C. § 101(53A))  |  |  |  |  |  |
|     |   |                    |  | Commodity Broke                        | er (as defined in 11 U.S.C. § 101(6))   |  |  |  |  |  |
|     |   |                    |  | None of the above                      | e   |  |  |  |  |  |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?                                       | deadline operation | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B). |  |   |  |  |  |  |  |
|     | For a definition of <i>small</i>  | ■ No.              | o. I am not filing under Chapter 11.   |  |   |  |  |  |  |  |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.              | I am f<br>Code   |  | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |  |  |  |  |  |
|     |   | ☐ Yes.             | I am f   | iling under Chapter                    | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |  |  |
| Par | t 4: Report if You Own or   | · Have Any         | / Hazardo  | ous Property or An                     | y Property That Needs Immediate Attention   |  |  |  |  |  |
| 14. | Do you own or have any property that poses or is  | ■ No.              |  |  |   |  |  |  |  |  |
|     | alleged to pose a threat  | ☐ Yes.             |  |  |   |  |  |  |  |  |
|     | of imminent and identifiable hazard to  |                    | What is  | the hazard?                            |   |  |  |  |  |  |
|     | public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?                                      |                    |  | diate attention is why is it needed?   |   |  |  |  |  |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                 |                    | Where is   | s the property?                        |   |  |  |  |  |  |
|     |   |                    |  |  | Number, Street, City, State & Zip Code  |  |  |  |  |  |
|     |   |                    |  |  |   |  |  |  |  |  |

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Debtor 1 Debtor 2 Pridge W. Duzey

Bridget M. Duzey

Case number (if known)

#### Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-02205 Doc 1 Filed 01/25/17 Entered 01/25/17 16:28:12 Desc Main Document Page 6 of 73

Michael W. Duzey Debtor 1 Debtor 2 **Bridget M. Duzey** Case number (if known) **Answer These Questions for Reporting Purposes** Part 6: 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. Yes. Go to line 17. State the type of debts you owe that are not consumer debts or business debts 16c. 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 1-49 you estimate that you **5001-10,000 5**0,001-100,000 □ 50-99 owe? **1**0.001-25.000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million ☐ More than \$50 billion ■ \$500,001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$500,000,001 - \$1 billion ■ \$1.000.001 - \$10 million estimate your liabilities □ \$50,001 - \$100,000 □ \$1,000,000,001 - \$10 billion □ \$10,000,001 - \$50 million to be? **□** \$100,001 - \$500,000 □ \$10,000,000,001 - \$50 billion □ \$50,000,001 - \$100 million □ \$500,001 - \$1 million ■ More than \$50 billion □ \$100,000,001 - \$500 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Michael W. Duzey /s/ Bridget M. Duzey Michael W. Duzey **Bridget M. Duzey** Signature of Debtor 1 Signature of Debtor 2 Executed on January 25, 2017 Executed on January 25, 2017 MM / DD / YYYY MM / DD / YYYY

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|                      |  | Document  | Page 7 of 73             |                                   |                             |
|----------------------|--|---|--------------------------|-----------------------------------|-----------------------------|
| Debtor 1<br>Debtor 2 | Michael W. Duzey<br>Bridget M. Duzey                 |   | Cas                      |                                   |                             |
|                      |  |   |                          |                                   |                             |
| •                    | attorney, if you are<br>ted by one                   | I, the attorney for the debtor(s) named in this under Chapter 7, 11, 12, or 13 of title 11, Unit for which the person is eligible. I also certify | ed States Code, and have | explained the relief av           | vailable under each chapter |
| •                    | not represented by<br>ey, you do not need<br>s page. | and, in a case in which § 707(b)(4)(D) applies schedules filed with the petition is incorrect.  |                          |                                   |                             |
|                      |  | /s/ James T. Magee Signature of Attorney for Debtor   | Date                     | January 25, 20°<br>MM / DD / YYYY | 17                          |
|                      |  | James T. Magee Printed name   |                          |                                   |                             |
|                      |  | Magee Hartman, P.C.   |                          |                                   |                             |
|                      |  | 444 North Cedar Lake Road Round Lake, IL 60073  Number, Street, City, State & ZIP Code  |                          |                                   |                             |

Email address

bk@mageehartman.com

Contact phone **(847) 546-0055** 

**1729446**Bar number & State

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|   |                         | 1700.11111        |             |  |
|---|-------------------------|-------------------|-------------|--|
| Fill in this infor                      | mation to identify your | case:             |             |  |
| Debtor 1                                | Michael W. Duzey        | 1                 |             |  |
|   | First Name              | Middle Name       | Last Name   |  |
| Debtor 2                                | Bridget M. Duzey        |                   |             |  |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name   |  |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number _                           |                         |                   |             |  |

☐ Check if this is an amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Pai  | t 1: Summarize Your Assets   |                         |                                   |
|--|--|-------------------------|-----------------------------------|
|  |  |                         | assets<br>of what you own         |
| 1.   | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$                      | 700,000.00                        |
|  | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$                      | 21,062.00                         |
|  | 1c. Copy line 63, Total of all property on Schedule A/B  | \$                      | 721,062.00                        |
| Par  | t 2: Summarize Your Liabilities  |                         |                                   |
|  |  |                         | <b>liabilities</b><br>nt you owe  |
| 2.   | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D   | \$                      | 852,923.00                        |
| 3.   | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$                      | 174,741.47                        |
|  | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$                      | 554,413.43                        |
|  |  |                         |                                   |
|  | Your total liabilities   | \$                      | 1,582,077.90                      |
| Pai  | Your total liabilities t3: Summarize Your Income and Expenses  | \$                      | 1,582,077.90                      |
| Par<br>4.  |  | \$                      | 7,000.00                          |
|  | t 3: Summarize Your Income and Expenses  Schedule I: Your Income (Official Form 106I)  |                         |                                   |
| 4.<br>5.   | Schedule J: Your Expenses (Official Form 106J)  Schedule J: Your Expenses (Official Form 106J)   | \$                      | 7,000.00                          |
| 4.<br>5.   | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$                      | 7,000.00                          |
| <ol> <li>4.</li> <li>5.</li> <li>Par</li> </ol>        | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  4: Answer These Questions for Administrative and Statistical Records  Are you filing for bankruptcy under Chapters 7, 11, or 13?   | \$                      | 7,000.00                          |
| <ul><li>4.</li><li>5.</li><li>Par</li><li>6.</li></ul> | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  4: Answer These Questions for Administrative and Statistical Records  Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo  Yes | \$<br>\$<br>ur other so | 7,000.00<br>7,739.00<br>chedules. |

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Michael W. Duzey

| Deptor 2 | Bridget M. Duzey   | Case number (if known) |    |
|----------|--|------------------------|----|
|          | m the Statement of Your Current Monthly Income: Cop<br>A-1 Line 11: <b>OR</b> . Form 122B Line 11: <b>OR</b> . Form 122C-1 L |                        | \$ |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Tot | al claim   |
|--|-----|------------|
| From Part 4 on Schedule E/F, copy the following:   |     |            |
| 9a. Domestic support obligations (Copy line 6a.)   | \$  | 0.00       |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$  | 174,741.47 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$  | 0.00       |
| 9d. Student loans. (Copy line 6f.)   | \$  | 0.00       |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$  | 0.00       |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$ | 0.00       |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$  | 174,741.47 |

Debtor 1

|            | Ca              | se 17-02205               | DOC 1                 | _                          | 01/25/17<br>ument              | Entered 01/25/3   | 17 16:28       | :12 De:                             | SC IVI   | ain                                     |
|------------|-----------------|---------------------------|-----------------------|----------------------------|--------------------------------|---|----------------|-------------------------------------|----------|---|
| Fill       | in this inforn  | nation to identify        | your case and th      |                            |                                |   |                |                                     |          |   |
| Deb        | otor 1          | Michael W. D              | )uzev                 |                            |                                |   |                |                                     |          |   |
|            |                 | First Name                |                       | Name                       |                                | Last Name   |                |                                     |          |   |
| Deb        | tor 2           | Bridget M. D              | uzey                  |                            |                                |   |                |                                     |          |   |
| (Spo       | use, if filing) | First Name                | Middle                | Name                       |                                | Last Name   |                |                                     |          |   |
| Unit       | ed States Bar   | nkruptcy Court for        | the: NORTHER          | N DIST                     | RICT OF ILLIN                  | NOIS  |                |                                     |          |   |
| Cas        | e number _      |                           |                       |                            |                                | -   |                |                                     | _        | heck if this is an mended filing        |
| SC<br>n ea | chedule         |                           | operty                |                            |                                | in asset fits in more than on<br>e are filing together, both ar |                |                                     |          |   |
| nfori      |                 | space is needed, a        |                       |                            |                                | e top of any additional page                                    |                |                                     |          |   |
| Part       | 1: Describe I   | Each Residence, Bu        | uilding, Land, or Ot  | her Real                   | Estate You Ow                  | n or Have an Interest In  |                |                                     |          |   |
| . Do       | you own or h    | ave any legal or eq       | uitable interest in a | ny resid                   | ence, building,                | land, or similar property?                                      |                |                                     |          |   |
| _          |                 |                           |                       | •                          | , ,                            |   |                |                                     |          |   |
| _          | No. Go to Part  |                           |                       |                            |                                |   |                |                                     |          |   |
| -          | Yes. Where is   | the property?             |                       |                            |                                |   |                |                                     |          |   |
|            |                 |                           |                       |                            |                                |   |                |                                     |          |   |
| 4.4        |                 |                           |                       | \A/b =4                    | io the manage                  | 2 Observe all the description                                   |                |                                     |          |   |
| 1.1        | 25300 Wes       | st Marilyn Mead           | low Court             | _                          |                                | ? Check all that apply  | 5              |                                     |          |   |
|            |                 | f available, or other des |                       |                            | Single-family h                |   |                | duct secured cla<br>t of any secure |          | xemptions. Put<br>on <i>Schedule D:</i> |
|            |                 |                           | •                     |                            | Duplex or multi<br>Condominium | or cooperative  | Creditors V    | Who Have Clair                      | ns Secur | ed by Property.                         |
|            |                 |                           |                       | _                          | Manufactured                   | or mobile home  |                |                                     |          |   |
|            | Wauconda        | a IL                      | 60084-0000            |                            | Land                           | of mobile nome  |                | alue of the                         |          | nt value of the                         |
|            | City            | State                     | ZIP Code              |                            | Investment pro                 | on orty   | entire pro     | perty ?<br>50,000.00                | portio   | n you own?<br>\$450,000.00              |
|            | City            | State                     | ZIF Code              | ä                          | Timeshare                      | эрепу   | <u>ΨΨ.</u>     | 30,000.00                           |          | \$450,000.00                            |
|            |                 |                           |                       |                            | Other                          |   | (such as f     | ee simple, ten                      |          | ership interest<br>the entireties, or   |
|            |                 |                           |                       | Who                        |                                | in the property? Check one                                      |                | te), if known.                      | Snow     |   |
|            | Lako            |                           |                       |                            | Debtor 1 only                  |   | JOHN 16        | enancy with                         | Spou     | <del></del>                             |
|            | County          |                           |                       |                            | Debtor 2 only                  |   |                |                                     |          |   |
|            | County          |                           |                       | Debtor 1 and Debtor 2 only |                                |   |                | k if this is com                    | munity   | property                                |
|            |                 |                           |                       | Other                      |                                | the debtors and another   | ,              | structions)                         |          |   |
|            |                 |                           |                       |                            | r information ye               | ou wish to add about this ite                                   | em, such as ic | ocai                                |          |   |

Official Form 106A/B Schedule A/B: Property page 1 Case 17-02205 Doc 1 Filed 01/25/17 Entered 01/25/17 16:28:12 Desc Main Document Page 11 of 73

| Debtor 1<br>Debtor 2    |   |                            |  |                      |  |  | Case                                      | number (if known)  |   |  |
|-------------------------|---|----------------------------|--|----------------------|--|--|---|--|---|--|
| If y 1.2 355 Stree      | Bridget M. I  | Ouzey<br>e more<br>oute 83 | 3  | What                 | Single- Duplex Condo Manufa Land Investr Timesh Other has an i Debtor Debtor | Office nterest in the pro                            | hat apply  ng tive  ome  perty? Check one | Do not deduct sec the amount of any Creditors Who Ha  Current value of entire property? \$250,000  Describe the nate (such as fee simple life estate), if ke | the  0.00  ure of your objet, tenanown. | ms or exemptions. Put claims on Schedule D: s Secured by Property.  Current value of the portion you own? \$250,000.00  our ownership interest ncy by the entireties, or |
| page Part 2: [ Do you o | the dollar value on the syou have attacked on the syou have attacked on the syou have also drives. If you wans, trucks, tracked on the syou wans, trucks, tracked on the syou have a syou | cles<br>re legal           | Part 1. Write that<br>or equitable into<br>vehicle, also rep | erest in a           | ny vehi  | cles, whether the                                    | ney are registere                         | d or not? Include  | any vel                                 | \$700,000.00   |
| □ No<br>■ Yes           | :   |                            |  |                      |  |  |   |  |   |  |
| Me<br>Ye<br>Ap          | rake: Ford podel: F150 pear: 2011 proproximate mileage: ther information:   |                            | 110,000  | Debtor Debtor Debtor | 1 only<br>2 only<br>1 and De   | st in the property'                                  |   | the amount of any Creditors Who Ha Current value of entire property?   | / secured<br>ave Claim<br>the           | ims or exemptions. Put d claims on Schedule D: as Secured by Property.  Current value of the portion you own?  |
|                         |   |                            |  |                      | if this is<br>ructions)  | community prope                                      | erty                                      | \$12,000   | ).00                                    | \$12,000.00  |
| Me<br>Ye<br>Ap<br>Ot    | ake: Ford odel: Escape ear: 2014 opproximate mileage: ther information: eased Vehicle   |                            | <br>   | Debtor Debtor Debtor | 1 only<br>2 only<br>1 and De   | st in the property' short 2 only the debtors and ano |   | the amount of any  | secured<br>ve Claim                     | ims or exemptions. Put d claims on Schedule D: ss Secured by Property.  Current value of the portion you own?  |
|                         |   |                            |  |                      | if this is<br>ructions)  | community prope                                      | erty                                      | \$2,800  | ).00                                    | \$2,800.00   |

Official Form 106A/B Schedule A/B: Property page 2

|     |                     | Case 17-                             | 02205        | Doc 1                               | Filed 01/25/17<br>Document                    | Entered 01/25/17<br>Page 12 of 73 | 16:28:12        | Desc Main   |
|-----|---------------------|--------------------------------------|--------------|-------------------------------------|---|-----------------------------------|-----------------|---|
|     | btor 1<br>btor 2    | Michael W. I<br>Bridget M. D         |              |                                     | Document                                      | · ·                               | mber (if known) |   |
|     |                     |                                      |              | , ATVs and c                        | ther recreational vehic                       | cles, other vehicles, and acc     | ,               |   |
| Е   | xamples             | s: Boats, trailers,                  | , motors, pe | ersonal water                       | craft, fishing vessels, sn                    | owmobiles, motorcycle access      | ories           |   |
|     | No                  |                                      |              |                                     |   |                                   |                 |   |
| L   | ] Yes               |                                      |              |                                     |   |                                   |                 |   |
| _   | A -l -l 4l          | delles velve ef                      |              |                                     |   | ana Bant O imalandia a ama ant    |                 |   |
|     |                     |                                      |              |                                     |   | om Part 2, including any ent      |                 | \$14,800.00   |
| Par | t 3: Des            | scribe Your Perso                    | onal and Ho  | ousehold Items                      | :   |                                   |                 |   |
| Do  | you ow              | n or have any l                      | egal or eq   | uitable intere                      | est in any of the follow                      | ing items?                        |                 | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|     |                     | old goods and f<br>es: Major appliar |              |                                     | iina, kitchenware                             |                                   |                 | ·   |
|     | □ No                | Describe                             |              |                                     |   |                                   |                 |   |
| •   | Yes.                | Describe                             |              |                                     |   |                                   |                 | *   |
|     |                     |                                      | Couch,       | Chairs and                          | I Livingroom Furnitu                          | ire                               |                 | \$400.00  |
|     |                     |                                      | Lamps,       | , Bedroom :                         | Sets, Washer and D                            | yer                               |                 | \$450.00  |
|     |                     |                                      | Diningr      | oom Set, S                          | tove and Refrigerate                          | or                                |                 | \$300.00  |
| I   | □ No                | es: Televisions a                    |              |                                     | stereo, and digital equip<br>a players, games | ment; computers, printers, sca    | anners; music c | collections; electronic devices   |
|     |                     |                                      | Televis      | ions, DVD l                         | Player and Stereo                             |                                   |                 | \$350.00  |
| ı   | Example ■ No        |                                      |              | paintings, prii<br>orabilia, collec |   | oks, pictures, or other art objec | ts; stamp, coin | , or baseball card collections;   |
| ı   | Example<br>No       | musical instr                        | ographic, ex |                                     | ther hobby equipment;                         | oicycles, pool tables, golf clubs | s, skis; canoes | and kayaks; carpentry tools;  |
|     |                     | Describe                             |              |                                     |   |                                   |                 |   |
| I   | □ No É              | les: Pistols, rifle                  | s, shotguns  | s, ammunitior                       | , and related equipment                       |                                   |                 |   |
| ı   | Yes.                | Describe                             |              |                                     |   |                                   |                 |   |
|     |                     |                                      | One Rif      | fle and Two                         | Shotguns                                      |                                   |                 | \$1,500.00  |
|     | Clothes Examp  ☐ No |                                      | othes, furs, | , leather coats                     | s, designer wear, shoes,                      | accessories                       |                 |   |

Official Form 106A/B Schedule A/B: Property page 3

Yes. Describe.....

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Michael W. Duzey

| De                  | btor 2 Br                         | idget M. D      | uzey        |                                       | C   | ase number (if known)   |  |
|---------------------|-----------------------------------|-----------------|-------------|---------------------------------------|---|-------------------------|--|
|                     |                                   |                 | Weari       | ng Apparel                            |   |                         | \$400.00   |
| ļ                   | Jewelry Examples: □ No ■ Yes. Des |                 |             |                                       | gagement rings, wedding rings, heirloom jew   | relry, watches, gems, q |  |
|                     |                                   |                 | Jewel       | ry                                    |   |                         | \$1,500.00   |
| <br> <br> <br> <br> | ■ No □ Yes. Des                   | Dogs, cats, t   |             |                                       | id not already list, including any health aid   | ds you did not list     |  |
|                     | ■ No<br>□ Yes Give                | e specific info | ormation    |                                       |   |                         |  |
|                     | . Add the c                       | ollar value d   | of all of y | our entries from                      | n Part 3, including any entries for pages yo  | ou have attached        | \$4,900.00   |
|                     |                                   | e Your Financ   |             |                                       |   |                         |  |
| Do                  | you own o                         | have any le     | egal or e   | quitable interest                     | in any of the following?  |                         | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|                     | ■ No □ Yes  Deposits o            | f money         |             |                                       | home, in a safe deposit box, and on hand when the safe deposit box and the safe deposit box. |                         |  |
| I                   | □ No                              |                 |             |                                       | nts with the same institution, list each.   | uit utilotis, brokerage | nouses, and other similar  |
|                     | Yes                               |                 |             |                                       | Institution name:   |                         |  |
|                     |                                   |                 | 17.1.       | Checking                              | Fifth Third Bank  |                         | \$50.00  |
|                     |                                   |                 | 17.2.       | Checking                              | Fifth Third Bank  |                         | \$10.00  |
|                     |                                   |                 | 17.3.       | #2292                                 | Twin City Federal Bank  |                         | \$2.00   |
|                     |                                   |                 |             | ly traded stocks<br>ent accounts with | brokerage firms, money market accounts  |                         |  |
|                     | ■ No<br>□ Yes                     |                 |             | Institution or issu                   | er name:  |                         |  |
|                     | Non-public<br>joint ventu<br>□ No | -               | ock and     | interests in inco                     | rporated and unincorporated businesses,   | , including an interes  | st in an LLC, partnership, and   |
|                     | Yes. Give                         | e specific info |             | about them<br>ne of entity:           |   | % of ownership:         |  |

Official Form 106A/B Schedule A/B: Property

Debtor 1

page 4

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Michael W. Duzey

| De  | ebtor 2 Bridget I                          | M. Duzey   |   | Case number (if ki       | 10Wn)                 |  |
|-----|--|--|---|--------------------------|-----------------------|--|
|     |  | Vernon Hills Chiropr<br>[Includes office furni<br>unpaid \$10,000 acco   | iture, equipment, sign and                | 100%                     | %                     | Unknown  |
| 20. | Negotiable instrum                         | corporate bonds and other negot<br>nents include personal checks, cash<br>struments are those you cannot tran                    | niers' checks, promissory notes, and      | d money orders.          |                       |  |
|     | ☐ Yes. Give specific                       | c information about them<br>Issuer name:   |   |                          |                       |  |
| 21. | Retirement or pen Examples: Interest No    | usion accounts<br>ts in IRA, ERISA, Keogh, 401(k), 40  | 3(b), thrift savings accounts, or oth     | ner pension or profit-sh | aring plans           |  |
|     | ☐ Yes. List each ac                        | ccount separately.<br>Type of account:   | Institution name:                         |                          |                       |  |
| 22. |  | and prepayments<br>nused deposits you have made so the<br>nents with landlords, prepaid rent, p                                  | ublic utilities (electric, gas, water), t | telecommunications co    | ompanies, or oth      | ers  |
|     | Yes  |  | Institution name or individual:           | :                        |                       |  |
|     |  | Electricity Deposit  | ComEd                                     |                          |                       | \$300.00   |
| 24. |  | Issuer name and description.  Ication IRA, in an account in a qu (1), 529A(b), and 529(b)(1).  Institution name and description. | alified ABLE program, or under a          | ·                        |                       |  |
| 25. | Trusts, equitable o                        | or future interests in property (ot  | her than anything listed in line 1)       | ), and rights or powe    | 's exercisable f      | or your benefit  |
|     |  | ic information about them  |   |                          |                       |  |
| 26. | Examples: Internet  No                     | ts, trademarks, trade secrets, and the domain names, websites, proceed it information about them                                 |   | ements                   |                       |  |
| 27. | Licenses, franchis  Examples: Building  No | ses, and other general intangibles g permits, exclusive licenses, coope iic information about them                               |   | licenses, professional   | licenses              |  |
| M   | oney or property ow                        | ved to you?  |   |                          | <b>porti</b><br>Do ne | ent value of the on you own? ot deduct secured as or exemptions. |
| 28. | Tax refunds owed                           | to you   |   |                          |                       |  |
|     | ■ No □ Yes. Give specific                  | c information about them, including  | whether you already filed the return      | ns and the tax years     |                       |  |
| 29. | . Family support                           | ue or lump sum alimony, spousal su   | pport, child support, maintenance,        | divorce settlement, pro  | -<br>operty settlemen | t  |

■ No
Official Form 106A/B Schedule A/B: Property page 5

Debtor 1

|                           | Case 17-0220  | )5 DOC 1                              | Filed 01/25/17  | Entered 01/25/17 16:28:12                                   | Desc Main   |
|---------------------------|---|---------------------------------------|---|---|---|
| Debtor 1<br>Debtor 2      | Michael W. Duzey<br>Bridget M. Duzey  | •                                     | Document  | Page 15 of 73  Case number (if know.                        | n)  |
| ☐ Yes.                    | Give specific information   | on                                    |   |   |   |
| Exam <sub>l</sub><br>■ No | amounts someone ow<br>bles: Unpaid wages, dis<br>benefits; unpaid lo<br>Give specific informati | ability insurance pans you made to    |   | efits, sick pay, vacation pay, workers' comp                | pensation, Social Security  |
| 31. Interes               | ets in insurance polici   | es                                    | oalth savings account (h                              | JSA): aradit homoownar's arrantar's insu                    | ranco   |
| ■ No                      | nes. Health, disability, t  | or life irisurance, r                 | eaim savings account (F                               | HSA); credit, homeowner's, or renter's insu                 | ance  |
|                           | Name the insurance co   | ompany of each po<br>Company name:    | olicy and list its value.                             | Beneficiary:  | Surrender or refund value:  |
| If you a some of          |   | living trust, expec                   | someone who has die<br>t proceeds from a life ins     | <b>d</b><br>surance policy, or are currently entitled to re | eceive property because   |
| Examp<br>■ No             | oles: Accidents, employ   | ment disputes, in                     | you have filed a lawsuit<br>surance claims, or rights | t or made a demand for payment to sue                       |   |
| 34. Other o               | Describe each claim  contingent and unlique  Describe each claim                                | idated claims of                      | every nature, including                               | g counterclaims of the debtor and rights                    | to set off claims   |
| -                         | nancial assets you did  | not already list                      |   |   |   |
| ■ No<br>□ Yes.            | Give specific informati   | on                                    |   |   |   |
|                           |   |                                       |   | y entries for pages you have attached                       | \$362.00  |
| Part 5: De                | scribe Any Business-Rel   | ated Property You                     | Own or Have an Interest I                             | n. List any real estate in Part 1.                          |   |
| 37. <b>Do you</b> (       |   | equitable interest                    | n any business-related pr                             | operty?   |   |
| Yes. 0                    | Go to line 38.  |                                       |   |   |   |
|                           |   |                                       |   |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38. <b>Accou</b>          | nts receivable or com   | missions you alr                      | eady earned   |   |   |
| ■ No                      | Describe  | •                                     | -   |   |   |
| <b>∟</b> 1€5.             | Describe  |                                       |   |   |   |
| Examp<br>□ No<br>□        | equipment, furnishing<br>oles: Business-related of<br>Describe                                  | gs, and supplies<br>computers, softwa | re, modems, printers, co                              | piers, fax machines, rugs, telephones, des                  | ks, chairs, electronic devices  |
|                           | Ott:  | co Equipment                          | Eurnichings and Su                                    | nnline  | \$500.00  |
|                           | UIII  | ce ⊑quipment,                         | Furnishings and Su                                    | hhiig2  | ტე <b>ს</b> .სს   |

Official Form 106A/B Schedule A/B: Property page 6

|              |                       | Case 17-02205   | Doc 1                       |                            | Entered 01/25/17 16:28:12              | Desc Main  |
|--------------|-----------------------|---|-----------------------------|----------------------------|--|------------|
| Debt         |                       | Michael W. Duzey  |                             | Document                   | Page 16 of 73                          |            |
| Debt         | or 2                  | Bridget M. Duzey  |                             |                            | Case number (if known                  |            |
|              | No                    | ery, fixtures, equipment<br>Describe  | t, supplies yo              | u use in business, and     | tools of your trade                    |            |
|              |                       |   |                             |                            |  |            |
|              |                       | Tools   | of Profession               | on                         |  | \$500.00   |
| 41 lr        | nventor               | ·v  |                             |                            |  |            |
|              | No                    | ,   |                             |                            |  |            |
|              | Yes. [                | Describe  |                             |                            |  |            |
| 42 lr        | nterests              | s in partnerships or joi  | nt ventures                 |                            |  |            |
|              | No                    | on partitorompo or jon  | nt ventures                 |                            |  |            |
|              | Yes. (                | Give specific information<br>Na   | about them<br>ne of entity: |                            | % of ownership:                        |            |
|              | No.<br><b>Do your</b> | er lists, mailing lists, o lists include personally id l No l Yes. Describe | •                           |                            | .S.C. § 101(41A))?                     |            |
|              | No                    | iness-related property  |                             | Iready list                |  |            |
| -            | Yes. G                | ive specific information.   |                             |                            |  |            |
|              |                       |   | ssibly Unen<br>ulpting Mac  |                            | chase Agreement regarding Cool         | Unknown    |
|              |                       |   |                             |                            |  |            |
|              |                       | e dollar value of all of t<br>t 5. Write that number                        |                             |                            | ny entries for pages you have attached | \$1,000.00 |
| Part 6       |                       | cribe Any Farm- and Comr<br>u own or have an interest in                    |                             |                            | n or Have an Interest In.              |            |
| 46. <b>D</b> | o you                 | own or have any legal o   | or equitable ir             | nterest in any farm- or    | commercial fishing-related property?   |            |
| ı            | No. G                 | io to Part 7.   |                             |                            |  |            |
| [            | ☐ Yes.                | Go to line 47.  |                             |                            |  |            |
| Part 7       | 7:                    | Describe All Property You   | ı Own or Have a             | an Interest in That You Di | d Not List Above                       |            |
|              |                       | have other property of  |                             |                            |  |            |

54. Add the dollar value of all of your entries from Part 7. Write that number here ......

☐ Yes. Give specific information.......

■ No

Official Form 106A/B

\$0.00

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Michael W. Duzey Debtor 1 Debtor 2 Case number (if known) **Bridget M. Duzey** Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 ..... \$700,000.00 Part 2: Total vehicles, line 5 56. \$14,800.00 Part 3: Total personal and household items, line 15 \$4,900.00 57. Part 4: Total financial assets, line 36 58. \$362.00 Part 5: Total business-related property, line 45 \$1,000.00 59. Part 6: Total farm- and fishing-related property, line 52 \$0.00

\$0.00

\$21,062.00

Copy personal property total

63. Total of all property on Schedule A/B. Add line 55 + line 62

Part 7: Total other property not listed, line 54

Total personal property. Add lines 56 through 61...

\$721,062.00

\$21,062.00

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|                     |                          | 130031110         | 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                                   |
|---------------------|--------------------------|-------------------|---------------------------------------|-----------------------------------|
| Fill in this infor  | mation to identify your  | case:             |                                       |                                   |
| Debtor 1            | Michael W. Duzey         | /                 |                                       |                                   |
|                     | First Name               | Middle Name       | Last Name                             |                                   |
| Debtor 2            | Bridget M. Duzey         |                   |                                       |                                   |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name                             |                                   |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS                           |                                   |
| Case number         |                          |                   |                                       |                                   |
| (if known)          |                          |                   |                                       | Check if this is a amended filing |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Id | entify the | Property | / You C | Claim as | Exemp | ١t |
|------------|------------|----------|---------|----------|-------|----|
|------------|------------|----------|---------|----------|-------|----|

| ١. | which set of exemptions are you claiming: Check one only, ev   | en ii your spouse is illing with you. |
|----|--|---------------------------------------|
|    | ■ You are claiming state and federal nonbankruptcy exemptions. | 11 U.S.C. § 522(b)(3)                 |

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption |
|---|--------------------------------------|-----|---|------------------------------------|
|   | Copy the value from<br>Schedule A/B  | Che | ck only one box for each exemption.                             |                                    |
| 25300 West Marilyn Meadow Court<br>Wauconda, IL 60084 Lake County                   | \$450,000.00                         |     | \$30,000.00   | 735 ILCS 5/12-901                  |
| Line from Schedule A/B: 1.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| 355 East Illinois Route 83 Mundelein,<br>IL 60060 Lake County                       | \$250,000.00                         |     | \$0.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 1.2   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2011 Ford F150 110,000 miles  | \$12,000.00                          |     | \$2,400.00  | 735 ILCS 5/12-1001(c)              |
| Ellie Holli Gareage Arb. G.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2014 Ford Escape<br>Leased Vehicle  | \$2,800.00                           |     | \$0.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 3.2   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Couch, Chairs and Livingroom  | \$400.00                             |     | \$400.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: <b>6.1</b>  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |

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Michael W. Duzey Debtor 1 **Bridget M. Duzey** Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Lamps, Bedroom Sets, Washer and 735 ILCS 5/12-1001(b) \$450.00 \$450.00 Line from Schedule A/B: 6.2 100% of fair market value, up to any applicable statutory limit Diningroom Set, Stove and 735 ILCS 5/12-1001(b) \$300.00 \$300.00 Refrigerator Line from Schedule A/B: 6.3 100% of fair market value, up to any applicable statutory limit Televisions, DVD Player and Stereo 735 ILCS 5/12-1001(b) \$350.00 \$350.00 Line from Schedule A/B: 7.1 П 100% of fair market value, up to any applicable statutory limit One Rifle and Two Shotguns 735 ILCS 5/12-1001(b) \$1,500.00 \$1,500.00 Line from Schedule A/B: 10.1 100% of fair market value, up to any applicable statutory limit **Wearing Apparel** 735 ILCS 5/12-1001(a) \$400.00 \$400.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit 735 ILCS 5/12-1001(b) Jewelry \$1,500.00 \$1,500.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Checking: Fifth Third Bank 735 ILCS 5/12-1001(b) \$50.00 \$50.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit **Checking: Fifth Third Bank** 735 ILCS 5/12-1001(b) \$10.00 \$10.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit #2292: Twin City Federal Bank 735 ILCS 5/12-1001(b) \$2.00 \$2.00 Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit Vernon Hills Chiropractic Clinic, S.C. 735 ILCS 5/12-1001(b) Unknown [Includes office furniture, equipment, sign and unpaid \$10,000 accounts 100% of fair market value, up to receivable] any applicable statutory limit 100% Line from Schedule A/B: 19.1 **Electricity Deposit: ComEd** 735 ILCS 5/12-1001(b) \$300.00 \$300.00 Line from Schedule A/B: 22.1

100% of fair market value, up to any applicable statutory limit

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Michael W. Duzey

Bridget M. Duzey Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Specific laws that allow exemption Amount of the exemption you claim Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Office Equipment, Furnishings and 735 ILCS 5/12-1001(d) \$500.00 \$500.00 **Supplies** 100% of fair market value, up to Line from Schedule A/B: 39.1 any applicable statutory limit **Tools of Profession** 735 ILCS 5/12-1001(d) \$500.00 \$500.00 Line from Schedule A/B: 40.1 100% of fair market value, up to any applicable statutory limit **Possibly Unenforceable** 735 ILCS 5/12-1001(b) Unknown \$0.00 Lease/Purchase Agreement 100% of fair market value, up to regarding Cool Sculpting Machines Line from Schedule A/B: 44.1 any applicable statutory limit Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Debtor 1

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|             |   | Document  | Page 21           | of 73                             |  |                   |
|-------------|---|---|-------------------|-----------------------------------|--|-------------------|
| Filli       | in this information to identify yo      | our case:   |                   |                                   |  |                   |
| Deh         | tor 1 Michael W. Du                     | 70V   |                   |                                   |  |                   |
|             | First Name                              | Middle Name   | Last Name         |                                   | -                                      |                   |
| Deb         | tor 2 Bridget M. Duz                    | ev  |                   |                                   |  |                   |
| (Spou       | use if, filing) First Name              | Middle Name   | Last Name         |                                   | -                                      |                   |
| Linit       | ed States Bankruptcy Court for the      | e: NORTHERN DISTRICT OF II  | LLINOIS           |                                   |  |                   |
| Office      | ed States Bankruptcy Court for the      | e. NORTHERN DISTRICT OF II  | LINOIS            |                                   | -                                      |                   |
| Cas         | e number                                |   |                   |                                   |  |                   |
| (if kno     | own)                                    |   |                   |                                   | ☐ Check                                | if this is an     |
|             |   |   |                   |                                   | amend                                  | ded filing        |
|             |   |   |                   |                                   |  |                   |
| <u>Offi</u> | <u>icial Form 106D</u>                  |   |                   |                                   |  |                   |
| Sc          | hedule D: Creditor                      | s Who Have Claims   | Secured           | by Propert                        | V                                      | 12/15             |
|             |   |   |                   | <u> </u>                          |  |                   |
|             |   | <ul> <li>If two married people are filing toge<br/>t out, number the entries, and attach</li> </ul>   |                   |                                   |  |                   |
|             | per (if known).                         | t out, number the entries, and attach   |                   | This top of any addition          | nai pagoo, wiko your na                | mo una sass       |
| 1. Do       | any creditors have claims secured       | by your property?   |                   |                                   |  |                   |
| ı           | ☐ No. Check this box and submit         | this form to the court with your other  | er schedules. Yo  | ou have nothing else t            | to report on this form.                |                   |
|             | _                                       | •   | ,                 | 54                                |  |                   |
|             | Yes. Fill in all of the information     | n below.  |                   |                                   |  |                   |
| Part        | List All Secured Claims                 |   |                   |                                   | 0.1                                    |                   |
|             |   | s more than one secured claim, list the c   |                   | Column A                          | Column B                               | Column C          |
|             |   | as a particular claim, list the other creditority as a particular claim, list the other creditor's na |                   | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| macı        | _                                       | the disconting to the creator 3 ha  | mo.               | value of collateral.              | claim                                  | If any            |
| 2.1         | American Chartered                      |   |                   | ¢4E 22E 00                        | ¢250 000 00                            | ¢4E 22E 00        |
|             | Bank Creditor's Name                    | Describe the property that secure   | s the claim:      | \$15,335.00                       | \$250,000.00                           | \$15,335.00       |
|             | c/o Lichtman Eisen                      | 355 East Illinois Route 83  | Country           |                                   |  |                   |
|             | Partners, Ltd.                          | Mundelein, IL 60060 Lake  | County            |                                   |  |                   |
|             | 222 North LaSalle Street,               | As of the date you file, the claim is   | s: Check all that |                                   |  |                   |
|             | #300                                    | apply.  Contingent  |                   |                                   |  |                   |
|             | Chicago, IL 60601                       | ☐ Contingent  |                   |                                   |  |                   |
|             | Number, Street, City, State & Zip Code  | ☐ Unliquidated  |                   |                                   |  |                   |
|             |   | ☐ Disputed  |                   |                                   |  |                   |
| Who         | o owes the debt? Check one.             | Nature of lien. Check all that apply  | '-                |                                   |  |                   |
|             | Debtor 1 only                           | An agreement you made (such a   | s mortgage or sec | ured                              |  |                   |
|             | Debtor 2 only                           | car loan)   |                   |                                   |  |                   |
|             | Debtor 1 and Debtor 2 only              | ☐ Statutory lien (such as tax lien, m   | nechanic's lien)  |                                   |  |                   |
| ПА          | at least one of the debtors and another | Judgment lien from a lawsuit  |                   |                                   |  |                   |
|             | Check if this claim relates to a        | Other (including a right to offset)   | Business L        | .oan                              |  |                   |
| (           | community debt                          |   |                   |                                   |  |                   |
| Date        | e debt was incurred                     | Last 4 digits of account nu   | mber <b>7613</b>  |                                   |  |                   |
|             |   | <del>_</del>  |                   |                                   |  |                   |
| 2.2         | Fifth Third Bank                        | Describe the property that secure   | s the claim:      | \$63,447.00                       | \$250,000.00                           | \$63,447.00       |
|             | Creditor's Name                         | 355 East Illinois Route 83  | 1                 | Ψοσ, ττι ισσ                      | Ψ200,000.00                            |                   |
|             | c/o McCarthy Burgess &                  | Mundelein, IL 60060 Lake  | County            |                                   |  |                   |
|             | Wolff                                   | •   |                   |                                   |  |                   |
|             | 26000 Cannon Road                       | As of the date you file, the claim is<br>apply.   | S: Check all that |                                   |  |                   |
|             | Cleveland, OH 44146                     | ☐ Contingent  |                   |                                   |  |                   |
|             | Number, Street, City, State & Zip Code  | ☐ Unliquidated  |                   |                                   |  |                   |
|             |   | ☐ Disputed  |                   |                                   |  |                   |
| Who         | o owes the debt? Check one.             | Nature of lien. Check all that apply  | <b>'.</b>         |                                   |  |                   |
|             | Debtor 1 only                           | An agreement you made (such a   | s mortgage or sec | cured                             |  |                   |
|             | Debtor 2 only                           | car loan)   | 3 <b>3</b>        |                                   |  |                   |
|             | Debtor 1 and Debtor 2 only              | ☐ Statutory lien (such as tax lien, m   | nechanic's lien)  |                                   |  |                   |
|             | at least one of the debtors and another | ☐ Judgment lien from a lawsuit  |                   |                                   |  |                   |
| _           | Check if this claim relates to a        | Other (including a right to offset)   | Business L        | .oan                              |  |                   |
| (           | community debt                          | (o.aag a right to onder)  |                   |                                   |  |                   |
| Date        | e debt was incurred                     | Last 4 digits of account nu   | mber              |                                   |  |                   |
|             |   |   |                   |                                   |  |                   |

Official Form 106D

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| Debtor 1 Michael W. Duzey   | Case number (if know)   |                        |                  |             |  |
|---|---|------------------------|------------------|-------------|--|
| First Name Middle N Debtor 2 <b>Bridget M. Duzey</b>                      | ame Last Name   |                        |                  |             |  |
| First Name Middle N   | ame Last Name   |                        |                  |             |  |
| 2.3 Ford Motor Credit   | Describe the property that secures the claim:                                       | \$16,039.00            | \$12,000.00      | \$4,039.00  |  |
| Creditor's Name   | 2011 Ford F150 110,000 miles  | Ψ10,000.00             | Ψ12,000.00       | ψ+,000.00   |  |
| National Bankruptcy   |   |                        |                  |             |  |
| Service Center  | As of the date you file, the claim is: Check all that                               |                        |                  |             |  |
| P. O. Box 62180<br>Colorado Springs, CO                                   | apply.  |                        |                  |             |  |
| 80962   | ☐ Contingent  |                        |                  |             |  |
| Number, Street, City, State & Zip Code                                    | ☐ Unliquidated  |                        |                  |             |  |
|   | ☐ Disputed  |                        |                  |             |  |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.   |                        |                  |             |  |
| Debtor 1 only   | An agreement you made (such as mortgage or s  | ecured                 |                  |             |  |
| Debtor 2 only   | car loan)   |                        |                  |             |  |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another    | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit |                        |                  |             |  |
| Check if this claim relates to a  | ☐ Other (including a right to offset)   |                        |                  |             |  |
| community debt  | Cities (including a right to onset)   |                        |                  |             |  |
| Date debt was incurred  | Last 4 digits of account number 8227  | ,                      |                  |             |  |
|   |   | <b>^</b>               | 40.000.00        |             |  |
| 2.4 Ford Motor Credit  Creditor's Name                                    | Describe the property that secures the claim:                                       | \$2,759.00             | \$2,800.00       | \$0.00      |  |
| National Bankruptcy   | 2014 Ford Escape<br>Leased Vehicle  |                        |                  |             |  |
| Service Center  |   |                        |                  |             |  |
| P. O. Box 62180   | As of the date you file, the claim is: Check all that apply.                        |                        |                  |             |  |
| Colorado Springs, CO<br>80962   | Contingent  |                        |                  |             |  |
| Number, Street, City, State & Zip Code                                    | ☐ Unliquidated  |                        |                  |             |  |
|   | ☐ Disputed  |                        |                  |             |  |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.   |                        |                  |             |  |
| Debtor 1 only   | An agreement you made (such as mortgage or s  | ecured                 |                  |             |  |
| Debtor 2 only   | car loan)   |                        |                  |             |  |
| Debtor 1 and Debtor 2 only  | Statutory lien (such as tax lien, mechanic's lien)                                  |                        |                  |             |  |
| At least one of the debtors and another  Check if this claim relates to a | ☐ Judgment lien from a lawsuit☐ Other (including a right to offset)                 |                        |                  |             |  |
| community debt  | Other (including a right to offset)   |                        |                  |             |  |
| Date debt was incurred  | Last 4 digits of account number 2481  |                        |                  |             |  |
|   | <del>-</del>  |                        |                  |             |  |
| 2.5 Nationstar Mortgage LLC   | Describe the property that secures the claim:                                       | \$472,809.00           | \$450,000.00     | \$22,809.00 |  |
| Creditor's Name   | 25300 West Marilyn Meadow Court   |                        |                  |             |  |
| 8950 Cypress Waters   | Wauconda, IL 60084 Lake County  |                        |                  |             |  |
| Blvd  | As of the date you file, the claim is: Check all that apply.                        |                        |                  |             |  |
| Coppell, TX 75019   | Contingent  |                        |                  |             |  |
| Number, Street, City, State & Zip Code                                    | ☐ Unliquidated  |                        |                  |             |  |
|   | Disputed  |                        |                  |             |  |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.   |                        |                  |             |  |
| ■ Debtor 1 only   | An agreement you made (such as mortgage or s  | ecured                 |                  |             |  |
| Debtor 2 only   | car loan)   |                        |                  |             |  |
| Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, mechanic's lien)                                |                        |                  |             |  |
| At least one of the debtors and another                                   | ☐ Judgment lien from a lawsuit  | on Tr. v. Duzov. Ferra | locuro 170U 00   |             |  |
| ☐ Check if this claim relates to a community debt                         | Other (including a right to offset)   | on Tr. v. Duzey; Forec | iosure i / Cm 98 |             |  |
| Date debt was incurred  | Last 4 digits of account number 1820  | <u> </u>               |                  |             |  |

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

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| Debtor 1 Michael W. Duzey  | _   | Case number (if know)  |                             |                              |  |  |  |  |
|--|---|--|-----------------------------|------------------------------|--|--|--|--|
| First Name Middle N  | ame Last Name   |  |                             |                              |  |  |  |  |
| Debtor 2 Bridget M. Duzey First Name Middle N  | ame Last Name   |  |                             |                              |  |  |  |  |
|  |   |  |                             |                              |  |  |  |  |
| 2.6 Rita Medvec  | Describe the property that secures the claim  | : \$5,000.00   | Unknown                     | Unknown                      |  |  |  |  |
| Creditor's Name  | Vernon Hills Chiropractic Clinic,   |  |                             |                              |  |  |  |  |
|  | S.C.  |  |                             |                              |  |  |  |  |
|  | [Includes office furniture, equipment, sign and unpaid \$10,00                                      | no   |                             |                              |  |  |  |  |
|  | accounts receivable   |  |                             |                              |  |  |  |  |
|  | 100%  |  |                             |                              |  |  |  |  |
| 503 North Welco Drive  | As of the date you file, the claim is: Check all t apply.   | hat  |                             |                              |  |  |  |  |
| Montgomery, MN 56069   | Contingent  |  |                             |                              |  |  |  |  |
| Number, Street, City, State & Zip Code   | ☐ Unliquidated  |  |                             |                              |  |  |  |  |
| Who away the daht? O   | Disputed  |  |                             |                              |  |  |  |  |
| Who owes the debt? Check one.  Debtor 1 only   | Nature of lien. Check all that apply.   |  |                             |                              |  |  |  |  |
| Debtor 2 only  | <ul> <li>An agreement you made (such as mortgage car loan)</li> </ul>                               | or secured   |                             |                              |  |  |  |  |
| Debtor 1 and Debtor 2 only   | ☐ Statutory lien (such as tax lien, mechanic's li   | en)  |                             |                              |  |  |  |  |
| ☐ At least one of the debtors and another  | ☐ Judgment lien from a lawsuit  |  |                             |                              |  |  |  |  |
| ☐ Check if this claim relates to a   | Other (including a right to offset)   | _  |                             |                              |  |  |  |  |
| community debt   |   |  |                             |                              |  |  |  |  |
| Date debt was incurred   | Last 4 digits of account number   |  |                             |                              |  |  |  |  |
| 2.7 US Bank  | Describe the property that secures the claim  | : \$277,534.00   | \$250,000.00                | \$27,534.00                  |  |  |  |  |
| Creditor's Name  | 355 East Illinois Route 83  | φ211,334.00  | φ230,000.00                 | φ21,334.00                   |  |  |  |  |
| c/o Key Star Capital   | Mundelein, IL 60060 Lake County   |  |                             |                              |  |  |  |  |
| Fund, L.P.   | As of the date you file, the claim is: Check all t  | hat  |                             |                              |  |  |  |  |
| P. O. Box 1068   | apply.  |  |                             |                              |  |  |  |  |
| Stafford, TX 77497-1068  | Contingent  |  |                             |                              |  |  |  |  |
| Number, Street, City, State & Zip Code   | ☐ Unliquidated ☐ Disputed   |  |                             |                              |  |  |  |  |
| Who owes the debt? Check one.  | Nature of lien. Check all that apply.   |  |                             |                              |  |  |  |  |
| Debtor 1 only  | ■ An agreement you made (such as mortgage   | or secured   |                             |                              |  |  |  |  |
| Debtor 2 only  | car loan)   |  |                             |                              |  |  |  |  |
| Debtor 1 and Debtor 2 only   | Statutory lien (such as tax lien, mechanic's li   | en)  |                             |                              |  |  |  |  |
| At least one of the debtors and another  | ☐ Judgment lien from a lawsuit  | !  |                             |                              |  |  |  |  |
| ☐ Check if this claim relates to a community debt  | Other (including a right to offset)   | ess Loan   |                             |                              |  |  |  |  |
| •  | Lord A Political Control of Control   | 250  |                             |                              |  |  |  |  |
| Date debt was incurred   | Last 4 digits of account number 0   | <u>350                                    </u>                           |                             |                              |  |  |  |  |
|  |   |  |                             |                              |  |  |  |  |
| -  | olumn A on this page. Write that number here  | \$852,923.   | 00                          |                              |  |  |  |  |
| If this is the last page of your form, add Write that number here:                       | the dollar value totals from all pages.   | \$852,923.   | 00                          |                              |  |  |  |  |
|  |   |  |                             |                              |  |  |  |  |
|  | r a Debt That You Already Listed  |  |                             |                              |  |  |  |  |
| Use this page only if you have others to be trying to collect from you for a debt you of | e notified about your bankruptcy for a debt the<br>we to someone else, list the creditor in Part 1, | at you already listed in Part 1. Fo<br>and then list the collection ager | or example, if a collection | on agency is<br>ou have more |  |  |  |  |
| than one creditor for any of the debts that  | you listed in Part 1, list the additional credito   |  |                             |                              |  |  |  |  |
| debts in Part 1, do not fill out or submit th  | iis page.   |  |                             |                              |  |  |  |  |
| Name, Number, Street, City, State & .  | Zip Code C  | on which line in Part 1 did you ente                                     | r the creditor? 2.5         |                              |  |  |  |  |
| Alan Kaufman   |   | ,  |                             |                              |  |  |  |  |
| Attorney at Law 1 East Wacker Drive, #1250   |   | ast 4 digits of account number   | <u> </u>                    |                              |  |  |  |  |
| Chicago, IL 60601  |   |  |                             |                              |  |  |  |  |

Official Form 106D

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| Debtor   | Michael W. Duze  | у           |           | Case number (if know)  |                   |
|----------|--|-------------|-----------|--|-------------------|
|          | First Name   | Middle Name | Last Name |  |                   |
| Debtor 2 | 2 Bridget M. Duzey   | <i>l</i>    |           |  |                   |
|          | First Name   | Middle Name | Last Name |  |                   |
| C<br>3   | ame, Number, Street, City<br>huhak & Tecson, P<br>0 South Wacker Dri<br>hicago, IL 60606 | .c.         |           | On which line in Part 1 did you enter  Last 4 digits of account number | the creditor? 2.7 |

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Page 25 of 73 Document Fill in this information to identify your case: Debtor 1 Michael W. Duzey Middle Name Last Name Debtor 2 **Bridget M. Duzey** Middle Name Last Name (Spouse if, filing) First Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Total claim** Priority Nonpriority amount amount 2.1 Illinois Dept. of Revenue Last 4 digits of account number 5994 \$41.000.00 \$0.00 \$41,000.00 Priority Creditor's Name P. O. Box 64338 When was the debt incurred? Chicago, IL 60664-0338 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Domestic support obligations At least one of the debtors and another ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No ☐ Other. Specify ☐ Yes **State Income Taxes** 2.2 **Internal Revenue Service** Last 4 digits of account number 5994 \$5,210.65 \$0.00 \$5,210.65 Priority Creditor's Name P. O. Box 7346 When was the debt incurred? 2009 Philadelphia, PA 19101-7346 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ■ Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: ☐ Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ■ No ☐ Other. Specify

☐ Yes

**Federal Income Taxes** 

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| Debtor 1<br>Debtor 2 | Michael W. Duzey<br>Bridget M. Duzey                                |  | Case n        | umber (if know)  |        |             |
|----------------------|---|--|---------------|------------------|--------|-------------|
|                      | nternal Revenue Service   | Last 4 digits of account number                                      | 5994          | \$9,550.43       | \$0.00 | \$9,550.43  |
| F                    | Priority Creditor's Name P. O. Box 7346 Philadelphia, PA 19101-7346 | When was the debt incurred?  | 2010          |                  |        |             |
| <u>•</u><br>N        | Number Street City State Zlp Code                                   | As of the date you file, the claim                                   | is: Check all | I that apply     |        |             |
| Who                  | incurred the debt? Check one.                                       | ☐ Contingent   |               |                  |        |             |
|                      | Debtor 1 only   | ☐ Unliquidated   |               |                  |        |             |
|                      | Debtor 2 only   | ☐ Disputed   |               |                  |        |             |
|                      | Debtor 1 and Debtor 2 only  | Type of PRIORITY unsecured cla                                       | ıim:          |                  |        |             |
| _                    | At least one of the debtors and another                             | ☐ Domestic support obligations                                       |               |                  |        |             |
|                      | Check if this claim is for a community debt                         | ■ Taxes and certain other debts y □ Claims for death or personal inj | _             |                  |        |             |
|                      | •   | Other. Specify   | ,             |                  |        |             |
|                      |   | Federal Inc  | come Tax      | es               |        |             |
|                      |   |  |               | ********         |        | 404007.07   |
|                      | nternal Revenue Service Priority Creditor's Name                    | Last 4 digits of account number                                      | 5994          | \$24,367.95      | \$0.00 | \$24,367.95 |
| F                    | P. O. Box 7346<br>Philadelphia, PA 19101-7346                       | When was the debt incurred?  | 2011          |                  |        |             |
| N                    | Number Street City State Zlp Code                                   | As of the date you file, the claim                                   | is: Check all | I that apply     |        |             |
| Who                  | o incurred the debt? Check one.                                     | ☐ Contingent   |               |                  |        |             |
|                      | Debtor 1 only   | ☐ Unliquidated   |               |                  |        |             |
|                      | Debtor 2 only   | ☐ Disputed   |               |                  |        |             |
|                      | Debtor 1 and Debtor 2 only  | Type of PRIORITY unsecured cla                                       | ıim:          |                  |        |             |
|                      | At least one of the debtors and another                             | ☐ Domestic support obligations                                       |               |                  |        |             |
|                      | Check if this claim is for a community debt                         | Taxes and certain other debts y                                      | ou owe the g  | government       |        |             |
| ls th                | e claim subject to offset?  | ☐ Claims for death or personal inj                                   | ury while you | were intoxicated |        |             |
| ■ N                  | No  | Other. Specify   |               |                  |        |             |
|                      | /es   | Federal Inc  | come Tax      | es               |        |             |
|                      | nternal Revenue Service Priority Creditor's Name                    | Last 4 digits of account number                                      | 5994          | \$53,080.69      | \$0.00 | \$53,080.69 |
| F                    | P. O. Box 7346<br>Philadelphia, PA 19101-7346                       | When was the debt incurred?  | 2012          |                  |        |             |
| N                    | Number Street City State Zlp Code                                   | As of the date you file, the claim                                   | is: Check all | I that apply     |        |             |
|                      | o incurred the debt? Check one.                                     | ☐ Contingent   |               |                  |        |             |
|                      | Debtor 1 only   | ☐ Unliquidated   |               |                  |        |             |
|                      | Debtor 2 only   | ☐ Disputed   |               |                  |        |             |
|                      | Debtor 1 and Debtor 2 only  | Type of PRIORITY unsecured cla                                       | ıim:          |                  |        |             |
|                      | At least one of the debtors and another                             | ☐ Domestic support obligations                                       |               |                  |        |             |
|                      | Check if this claim is for a community debt                         | ■ Taxes and certain other debts y                                    | ou owe the g  | government       |        |             |
| ls th                | e claim subject to offset?  | ☐ Claims for death or personal inj                                   | ury while you | were intoxicated |        |             |
| ■ N                  |   | Other. Specify   |               |                  |        |             |
|                      | /es   | Federal Inc  | come Tax      | es               |        |             |

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| Debtor 1<br>Debtor 2 | Michael W. Duzey  Bridget M. Duzey  |                                    | Case no       | umber (if know)  |             |        |
|----------------------|---|------------------------------------|---------------|------------------|-------------|--------|
| 2.6                  | Internal Revenue Service  | Last 4 digits of account number    | 5994          | \$10,460.84      | \$10,460.84 | \$0.00 |
| I                    | Priority Creditor's Name<br>P. O. Box 7346<br>Philadelphia, PA 19101-7346 | When was the debt incurred?        | 2013          |                  |             |        |
|                      | Number Street City State Zlp Code   | As of the date you file, the claim | is: Check all | that apply       |             |        |
| Who                  | o incurred the debt? Check one.   | ☐ Contingent                       |               |                  |             |        |
|                      | Debtor 1 only   | ☐ Unliquidated                     |               |                  |             |        |
|                      | Debtor 2 only   | ☐ Disputed                         |               |                  |             |        |
|                      | Debtor 1 and Debtor 2 only  | Type of PRIORITY unsecured cla     | im:           |                  |             |        |
|                      | At least one of the debtors and another                                   | ☐ Domestic support obligations     |               |                  |             |        |
|                      | Check if this claim is for a community debt                               | Taxes and certain other debts y    | ou owe the g  | jovernment       |             |        |
| ls th                | ne claim subject to offset?   | Claims for death or personal inj   | ury while you | were intoxicated |             |        |
|                      | No  | Other. Specify                     |               |                  |             |        |
|                      | Yes   | 941 Taxes                          |               |                  |             |        |
|                      | Internal Revenue Service  | Last 4 digits of account number    | 5994          | \$15,196.91      | \$15,196.91 | \$0.00 |
| I                    | Priority Creditor's Name<br>P. O. Box 7346<br>Philadelphia, PA 19101-7346 | When was the debt incurred?        | 2013          |                  |             |        |
| i                    | Number Street City State Zlp Code   | As of the date you file, the claim | is: Check all | that apply       |             |        |
| Who                  | o incurred the debt? Check one.   | ☐ Contingent                       |               |                  |             |        |
|                      | Debtor 1 only   | ☐ Unliquidated                     |               |                  |             |        |
|                      | Debtor 2 only   | ☐ Disputed                         |               |                  |             |        |
|                      | Debtor 1 and Debtor 2 only  | Type of PRIORITY unsecured cla     | im:           |                  |             |        |
|                      | At least one of the debtors and another                                   | ☐ Domestic support obligations     |               |                  |             |        |
|                      | Check if this claim is for a community debt                               | ■ Taxes and certain other debts y  | ou owe the g  | jovernment       |             |        |
| ls th                | ne claim subject to offset?   | Claims for death or personal inj   | ury while you | were intoxicated |             |        |
|                      |   | Other. Specify                     |               |                  |             |        |
|                      | Yes   | Federal Inc                        | come Taxe     | es               |             |        |
|                      | Internal Revenue Service  | Last 4 digits of account number    | 5994          | \$7,430.00       | \$7,430.00  | \$0.00 |
| ı                    | Priority Creditor's Name<br>P. O. Box 7346<br>Philadelphia, PA 19101-7346 | When was the debt incurred?        | 2014          |                  |             |        |
| <u>.</u>             | Number Street City State Zlp Code   | As of the date you file, the claim | is: Check all | that apply       |             |        |
| Who                  | o incurred the debt? Check one.   | ☐ Contingent                       |               |                  |             |        |
|                      | Debtor 1 only   | ☐ Unliquidated                     |               |                  |             |        |
|                      | Debtor 2 only   | ☐ Disputed                         |               |                  |             |        |
|                      | Debtor 1 and Debtor 2 only  | Type of PRIORITY unsecured cla     | im:           |                  |             |        |
|                      | At least one of the debtors and another                                   | ☐ Domestic support obligations     |               |                  |             |        |
|                      | Check if this claim is for a community debt                               | Taxes and certain other debts y    | ou owe the g  | jovernment       |             |        |
|                      | ne claim subject to offset?   | ☐ Claims for death or personal inj | •             |                  |             |        |
|                      | No  | Other. Specify                     |               |                  |             |        |
|                      | Yes   | Federal Inc                        | come Taxe     | es               |             |        |

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|     | btor 2 Bridget M. Duzey  |  | Case n          | umber (if know)               |                           |              |
|-----|--|--|-----------------|-------------------------------|---------------------------|--------------|
| 2.9 |  | Last 4 digits of account number          | 5994            | \$7,425.00                    | \$7,425.00                | \$0.00       |
|     | Priority Creditor's Name P. O. Box 7346 Philadelphia, PA 19101-7346  | When was the debt incurred?              | 2015            |                               |                           |              |
|     | Number Street City State Zlp Code  | As of the date you file, the claim       | is: Check all   | that apply                    |                           |              |
|     | Who incurred the debt? Check one.  | ☐ Contingent                             |                 |                               |                           |              |
|     | ☐ Debtor 1 only  | ☐ Unliquidated                           |                 |                               |                           |              |
|     | ☐ Debtor 2 only  | ☐ Disputed                               |                 |                               |                           |              |
|     | ■ Debtor 1 and Debtor 2 only   | Type of PRIORITY unsecured cla           | im:             |                               |                           |              |
|     | At least one of the debtors and another  | ☐ Domestic support obligations           |                 |                               |                           |              |
|     | ☐ Check if this claim is for a community debt  | ■ Taxes and certain other debts y        | rou owe the a   | lovernment                    |                           |              |
|     | Is the claim subject to offset?  | ☐ Claims for death or personal inj       | J               | •                             |                           |              |
|     | ■ No   | Other. Specify                           |                 |                               |                           |              |
|     | ☐ Yes  | Federal Inc                              | ome Tax         | es                            |                           |              |
| 2.1 | Internal Revenue Service   | Last 4 digits of account number          | 4806            | \$1,019.00                    | \$1,019.00                | \$0.00       |
| 0   | Priority Creditor's Name   | Last 4 digits of account number          | 4000            | Ψ1,013.00                     | Ψ1,013.00                 | Ψ0.00        |
|     | P. O. Box 7346   | When was the debt incurred?              | 2015            |                               |                           |              |
|     | Philadelphia, PA 19101-7346  |  |                 |                               |                           |              |
|     | Number Street City State ZIp Code Who incurred the debt? Check one.  | As of the date you file, the claim       | is: Check all   | that apply                    |                           |              |
|     | _  | ☐ Contingent                             |                 |                               |                           |              |
|     | ■ Debtor 1 only  | ☐ Unliquidated                           |                 |                               |                           |              |
|     | Debtor 2 only  | ☐ Disputed                               |                 |                               |                           |              |
|     | ☐ Debtor 1 and Debtor 2 only   | Type of PRIORITY unsecured cla           | im:             |                               |                           |              |
|     | $\square$ At least one of the debtors and another  | ☐ Domestic support obligations           |                 |                               |                           |              |
|     | $\square$ Check if this claim is for a community debt  | Taxes and certain other debts y          | ou owe the g    | jovernment                    |                           |              |
|     | Is the claim subject to offset?  | Claims for death or personal inj         | ury while you   | were intoxicated              |                           |              |
|     | No   | Other. Specify                           |                 |                               |                           |              |
|     | Yes  | 941 Federa                               | I Taxes         |                               |                           |              |
| Pa  | rt 2: List All of Your NONPRIORITY Unsecu  | ıred Claims                              |                 |                               |                           |              |
| 3.  | Do any creditors have nonpriority unsecured claim  | ns against you?                          |                 |                               |                           |              |
|     | $\hfill \square$ No. You have nothing to report in this part. Submit   | this form to the court with your other   | schedules.      |                               |                           |              |
|     | Yes.   |  |                 |                               |                           |              |
| 4.  | List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each contain one creditor holds a particular claim, list the other Part 2 | laim. For each claim listed, identify wh | nat type of cla | aim it is. Do not list claims | s already included in Par | t 1. If more |

Total claim

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| Debtor<br>Debtor | Michael W. Duzey Bridget M. Duzey  |  | Case number (if know)                        |             |
|------------------|--|--|--|-------------|
| 4.1              | Ally Financial   | Last 4 digits of account number                              | 0926   | \$690.00    |
|                  | Nonpriority Creditor's Name P. O. Box 380901 Bloomington, MN 55438             | When was the debt incurred?                                  |  |             |
| -                | Number Street City State Zlp Code  Who incurred the debt? Check one.           | As of the date you file, the claim                           | s: Check all that apply                      |             |
|                  | ■ Debtor 1 only  | ☐ Contingent   |  |             |
|                  | ☐ Debtor 2 only  | ☐ Unliquidated   |  |             |
|                  | ☐ Debtor 1 and Debtor 2 only   | ■ Disputed   |  |             |
|                  | $\square$ At least one of the debtors and another                              | Type of NONPRIORITY unsecure                                 | d claim:                                     |             |
|                  | ☐ Check if this claim is for a community                                       | Student loans  |  |             |
|                  | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |             |
|                  | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |             |
|                  | Yes  | Other. Specify Balance on                                    | Account                                      |             |
| 4.2              | American Express   | Last 4 digits of account number                              | 8103   | \$10,561.00 |
|                  | Nonpriority Creditor's Name  Correspondence                                    | When was the debt incurred?                                  |  |             |
|                  | P. O. Box 981540<br>El Paso, TX 79998  | _  |  |             |
|                  | Number Street City State Zlp Code  | As of the date you file, the claim                           | s: Check all that apply                      |             |
|                  | Who incurred the debt? Check one.  | _  |  |             |
|                  | Debtor 1 only  | ☐ Contingent   |  |             |
|                  | Debtor 2 only  | ☐ Unliquidated   |  |             |
|                  | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecure                     | 1 claim:                                     |             |
|                  | At least one of the debtors and another  | Student loans  | a ciaiiii.                                   |             |
|                  | ☐ Check if this claim is for a community debt  Is the claim subject to offset? | _  | ration agreement or divorce that you did not |             |
|                  | No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |             |
|                  | □ Yes  | ·  | Account [Used in Business]                   |             |
| 4.3              | Associated Bank  | Last 4 digits of account number                              | 0903   | \$25.00     |
|                  | Nonpriority Creditor's Name 1305 Main Street                                   | When was the debt incurred?                                  |  |             |
|                  | Stevens Point, WI 54481  Number Street City State Zlp Code                     | As of the date you file, the claim                           | s. Check all that apply                      |             |
|                  | Who incurred the debt? Check one.  | As of the date you me, the dam's                             | 3. One on an unat appry                      |             |
|                  | ■ Debtor 1 only  | ☐ Contingent   |  |             |
|                  | Debtor 2 only  | ☐ Unliquidated   |  |             |
|                  | ☐ Debtor 1 and Debtor 2 only   | ■ Disputed   |  |             |
|                  | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecure                                 | d claim:                                     |             |
|                  | ☐ Check if this claim is for a community                                       | ☐ Student loans  |  |             |
|                  | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |             |
|                  | No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |             |
|                  | Yes  | Other. Specify Mortgage F                                    | oreclosure Deficiency [est.]                 |             |

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Debtor 1 Michael W. Duzey Debtor 2 Bridget M. Duzey Case number (if know) 4.4 \$6,059.00 **Bank of America** Last 4 digits of account number 0384 Nonpriority Creditor's Name NC4-105-03-14 When was the debt incurred? P. O. Box 26012 Greensboro, NC 27410 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Balance on Account [Used in Business] ☐ Yes 4.5 **Bank of America** Last 4 digits of account number 8263 \$14,924.00 Nonpriority Creditor's Name When was the debt incurred? NC4-105-03-14 P. O. Box 26012 Greensboro, NC 27410 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Balance on Account ☐ Yes 4.6 Last 4 digits of account number \$5,000.00 **Bioject** Nonpriority Creditor's Name When was the debt incurred? Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Business Supplies ☐ Yes

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| Debtor 2 | Michael W. Duzey Bridget M. Duzey  | Case number (if know)   |             |
|----------|--|---|-------------|
| 4.7      | Chase Bank   | Last 4 digits of account number 4987  | \$4,032.00  |
|          | Nonpriority Creditor's Name Correspondence Department P. O. Box 15278                      | When was the debt incurred?   | . ,         |
| _        | Wilmington, DE 19850 Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply   |             |
|          | Debtor 1 only  | Пол   |             |
|          | Debtor 2 only  | ☐ Contingent  |             |
|          | ■ Debtor 1 and Debtor 2 only   | ☐ Unliquidated  |             |
|          | _  | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |             |
|          | At least one of the debtors and another  | Student loans   |             |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset?              | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|          | □Yes   | Other. Specify Balance on Business Account  |             |
| I        | Chase Card Services  | Last 4 digits of account number 6167  | \$4,149.00  |
|          | Nonpriority Creditor's Name Correspondence Department P. O. Box 15278 Wilmington, DE 19850 | When was the debt incurred?   |             |
| _        | Number Street City State Zlp Code  Who incurred the debt? Check one.                       | As of the date you file, the claim is: Check all that apply   |             |
|          | ☐ Debtor 1 only  | ☐ Contingent  |             |
|          | ■ Debtor 2 only  | ☐ Unliquidated  |             |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |             |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |             |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |             |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |             |
|          | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |             |
|          | Yes  | ■ Other. Specify Balance on Account   |             |
|          | Christopher J. Hoklas, D.C. Nonpriority Creditor's Name                                    | Last 4 digits of account number   | \$34,990.94 |
|          | c/o Steven A. Miner<br>28 Rolling Hills Drive  | When was the debt incurred?   |             |
|          | Barrington, IL 60010  Number Street City State Zlp Code                                    | As of the date you file, the claim is: Check all that apply   |             |
|          | Who incurred the debt? Check one.  | As of the date you me, the damnis. Oneck an that apply  |             |
|          | ■ Debtor 1 only  | Contingent  |             |
|          | Debtor 2 only  | ■ Unliquidated  |             |
|          | Debtor 1 and Debtor 2 only   | ■ Disputed  |             |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |             |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |             |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |             |
|          | No   | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                            |             |
|          | Yes  | ■ Other. Specify Suit [Business Debt]   |             |

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| Debtor<br>Debtor | 1 Michael W. Duzey<br>2 Bridget M. Duzey  |   | Case number (if know)                        |             |
|------------------|---|---|--|-------------|
| 4.1              | Citibank  | Last 4 digits of account number   | 5042   | \$4,566.00  |
|                  | Nonpriority Creditor's Name P. O. Box 6241  | When was the debt incurred?   |  |             |
|                  | Sioux Falls, SD 57117  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim  | s: Check all that apply                      |             |
|                  | ■ Debtor 1 only   | ☐ Contingent  |  |             |
|                  | Debtor 2 only   | ☐ Unliquidated  |  |             |
|                  | Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |             |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                     |             |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans   |  |             |
|                  | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims                        | ration agreement or divorce that you did not |             |
|                  | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts             |             |
|                  | Yes   | Other. Specify Balance on   | Account [Used in Business]                   |             |
| 4.1              | Citibank N.A./The Home Depot  | Last 4 digits of account number   | 3145   | \$3,807.49  |
|                  | Nonpriority Creditor's Name   | -   |  | <del></del> |
|                  | c/o Portfolio Recovery Associates P. O. Box 12914   | When was the debt incurred?   |  |             |
|                  | Norfolk, VA 23541  Number Street City State Zlp Code  | As of the date you file, the claim i  | s: Check all that apply                      |             |
|                  | Who incurred the debt? Check one.   |   | ,  |             |
|                  | ☐ Debtor 1 only   | ☐ Contingent  |  |             |
|                  | ☐ Debtor 2 only   | ☐ Unliquidated  |  |             |
|                  | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |             |
|                  | At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                     |             |
|                  | ☐ Check if this claim is for a community debt   | ☐ Student loans   |  |             |
|                  | Is the claim subject to offset?   | <ul> <li>Obligations arising out of a separe report as priority claims</li> </ul> | ration agreement or divorce that you did not |             |
|                  | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts             |             |
|                  | ☐ Yes   | Other. Specify Balance on   | Account                                      |             |
| 4.1              | Citibank, N.A.  | Last 4 digits of account number   | 3145   | \$3,807.00  |
|                  | Nonpriority Creditor's Name   | When was the debt incurred?   |  |             |
|                  | c/o Portfolio Recovery P. O. Box 41067  | When was the dept incurred?   |  |             |
|                  | Norfolk, VA 23541   |   |  |             |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.                        | As of the date you file, the claim i  | s: Check all that apply                      |             |
|                  | Debtor 1 only   | Пол   |  |             |
|                  | _   | ☐ Contingent  |  |             |
|                  | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only  | ☐ Unliquidated☐ Disputed  |  |             |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                     |             |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans   |  |             |
|                  | debt  |   | ration agreement or divorce that you did not |             |
|                  | Is the claim subject to offset?   | report as priority claims   |  |             |
|                  | No —  | Debts to pension or profit-sharin   |  |             |
|                  | Yes   | Other. Specify Balance on   | Account [Used in Business]                   |             |

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| Debtoi<br>Debtoi | Michael W. Duzey Bridget M. Duzey   |  | Case number (if know)                         |             |
|------------------|---|--|---|-------------|
| 4.1              | Credit One Bank NA  | Last 4 digits of account number                            | 5392  | \$278.00    |
|                  | Nonpriority Creditor's Name P. O. Box 98873   | When was the debt incurred?                                |   |             |
|                  | Las Vegas, NV 89193  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | is: Check all that apply                      |             |
|                  | Debtor 1 only   | П  |   |             |
|                  |   | ☐ Contingent   |   |             |
|                  | Debtor 2 only   | Unliquidated   |   |             |
|                  | Debtor 1 and Debtor 2 only  | ☐ Disputed   | Lateta  |             |
|                  | At least one of the debtors and another   | Type of NONPRIORITY unsecured                              | d claim:                                      |             |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans  |   |             |
|                  | debt Is the claim subject to offset?  | report as priority claims                                  | aration agreement or divorce that you did not |             |
|                  | No  | Debts to pension or profit-sharing                         | g plans, and other similar debts              |             |
|                  | Yes   | Other. Specify Balance on                                  | Account                                       |             |
| 4.1              | Diagnos-Techs, Inc.   | Last 4 digits of account number                            | 1216  | \$1,278.00  |
|                  | Nonpriority Creditor's Name P. O. Box 389662  | When was the debt incurred?                                |   |             |
|                  | Tukwila, WA 98138-0662  Number Street City State Zlp Code                                 | As of the date you file, the claim i                       | in Charle all that apply                      |             |
|                  | Who incurred the debt? Check one.   | As of the date you me, the claim                           | <b>s.</b> Спеск ан шасарру                    |             |
|                  | Debtor 1 only   | По :: .  |   |             |
|                  | Debtor 2 only   | ☐ Contingent   |   |             |
|                  | <u> </u>  | ☐ Unliquidated   |   |             |
|                  | Debtor 1 and Debtor 2 only  | Disputed   | d alaim.                                      |             |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured  ☐ Student loans             | a ciaim:                                      |             |
|                  | ☐ Check if this claim is for a community debt   | _  |   |             |
|                  | Is the claim subject to offset?   | report as priority claims                                  | ration agreement or divorce that you did not  |             |
|                  | ■ No  | ☐ Debts to pension or profit-sharin                        | g plans, and other similar debts              |             |
|                  | ☐ Yes   | ■ Other. Specify Balance on                                | <b>01</b>                                     |             |
|                  | 165   | Other. Specify   | - Business Account                            |             |
| 4.1<br>5         | Discover Financial  | Last 4 digits of account number                            | 2423  | \$14,652.00 |
|                  | Nonpriority Creditor's Name P. O. Box 3025 New Albany, OH 43054                           | When was the debt incurred?                                |   |             |
|                  | Number Street City State Zlp Code   | As of the date you file, the claim i                       | is: Check all that apply                      |             |
|                  | Who incurred the debt? Check one.   |  |   |             |
|                  | ■ Debtor 1 only   | ☐ Contingent   |   |             |
|                  | ☐ Debtor 2 only   | ☐ Unliquidated   |   |             |
|                  | ☐ Debtor 1 and Debtor 2 only  | □ Disputed   |   |             |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                              | d claim:                                      |             |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans  |   |             |
|                  | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not  |             |
|                  | No  | Debts to pension or profit-sharin                          | g plans, and other similar debts              |             |
|                  |   |  | Account [Partially Used in                    |             |
|                  | Yes   | Other. Specify Business]                                   |   |             |

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| Debtor<br>Debtor | <ul><li>1 Michael W. Duzey</li><li>2 Bridget M. Duzey</li></ul>          | Case number (if know)   |             |
|------------------|--|---|-------------|
| 4.1              | Freedom Practice Solutions   | Last 4 digits of account number   | \$80,000.00 |
|                  | Nonpriority Creditor's Name 2103 Dayflower Terrace Cedar Park, TX 78613  | When was the debt incurred?   |             |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.     | As of the date you file, the claim is: Check all that apply   |             |
|                  | ■ Debtor 1 only  | ☐ Contingent  |             |
|                  | Debtor 2 only  | ☐ Unliquidated  |             |
|                  | ☐ Debtor 1 and Debtor 2 only   | ■ Disputed  |             |
|                  | ☐ At least one of the debtors and another                                | Type of NONPRIORITY unsecured claim:  |             |
|                  | ☐ Check if this claim is for a community                                 | ☐ Student loans   |             |
|                  | debt Is the claim subject to offset?                                     | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |             |
|                  | No   | Debts to pension or profit-sharing plans, and other similar debts   |             |
|                  | Yes  | ■ Other. Specify Business Consulting Fees   |             |
| 4.1              | GE Capital Retail Bank   | Last 4 digits of account number 0163  | \$9,364.00  |
|                  | Nonpriority Creditor's Name<br>c/o Portfolio Recovery<br>P. O. Box 41067 | When was the debt incurred?   |             |
|                  | Norfolk, VA 23541  | As a full as later as a fill of a sale later to the sale as a sale as     |             |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.     | As of the date you file, the claim is: Check all that apply   |             |
|                  | Debtor 1 only  | □ Contingent  |             |
|                  | ■ Debtor 2 only  | ☐ Unliquidated  |             |
|                  | Debtor 1 and Debtor 2 only   | ☐ Disputed  |             |
|                  | ☐ At least one of the debtors and another                                | Type of NONPRIORITY unsecured claim:  |             |
|                  | ☐ Check if this claim is for a community                                 | ☐ Student loans   |             |
|                  | debt Is the claim subject to offset?                                     | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|                  | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|                  | Yes  | Other. Specify Balance on Account   |             |
| 4.1              | Healthcare Revenue Solutions, Inc.  Nonpriority Creditor's Name          | Last 4 digits of account number   | \$1,500.00  |
|                  | Nonphonty Greator's Name   | When was the debt incurred?   |             |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.     | As of the date you file, the claim is: Check all that apply   |             |
|                  | ☐ Debtor 1 only  | ☐ Contingent  |             |
|                  | Debtor 2 only  | ☐ Unliquidated  |             |
|                  | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |             |
|                  | ☐ At least one of the debtors and another                                | Type of NONPRIORITY unsecured claim:  |             |
|                  | Check if this claim is for a community                                   | ☐ Student loans   |             |
|                  | debt Is the claim subject to offset?                                     | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |             |
|                  | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |             |
|                  | ☐ Yes  | Other. Specify Balance on Account   |             |
|                  | _ 100  | - Other, Specify  |             |

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| Debtor<br>Debtor | 1 Michael W. Duzey<br>2 Bridget M. Duzey  | Case number (if know)   |             |
|------------------|---|---|-------------|
| 4.1              | Jeannette Belzer  | Last 4 digits of account number   | \$8,000.00  |
|                  | Nonpriority Creditor's Name   | When was the debt incurred?   |             |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.                                      | As of the date you file, the claim is: Check all that apply   |             |
|                  | ☐ Debtor 1 only   | ☐ Contingent  |             |
|                  | ☐ Debtor 2 only   | □ Unliquidated  |             |
|                  | ■ Debtor 1 and Debtor 2 only  | ■ Disputed  |             |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |             |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans   |             |
|                  | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|                  | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|                  | Yes   | Other. Specify Independent Contractor Claim   |             |
| 4.2              | Kohls/Capital One   | Last 4 digits of account number 8969  | \$3,546.00  |
|                  | Nonpriority Creditor's Name Kohls Credit P. O. Box 3043   | When was the debt incurred?   |             |
|                  | Milwaukee, WI 53201  Number Street City State Zlp Code  Who incurred the debt? Check one.                 | As of the date you file, the claim is: Check all that apply   |             |
|                  | Debtor 1 only   | ☐ Contingent  |             |
|                  | Debtor 2 only   | ☐ Unliquidated  |             |
|                  | ☐ Debtor 1 and Debtor 2 only  | □ Disputed  |             |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |             |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans   |             |
|                  | debt Is the claim subject to offset?  | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims  |             |
|                  | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|                  | Yes   | Other. Specify Balance on Account   |             |
| 4.2              | Physicians Business Solutions   | Last 4 digits of account number 6526  | \$14,000.00 |
|                  | Nonpriority Creditor's Name<br>c/o PDQ Services, Inc.<br>700 Churchill Court, #200<br>Woodstock, GA 30188 | When was the debt incurred?   |             |
|                  | Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |             |
|                  | Who incurred the debt? Check one.   |   |             |
|                  | Debtor 1 only   | ☐ Contingent  |             |
|                  | Debtor 2 only   | ☐ Unliquidated  |             |
|                  | ☐ Debtor 1 and Debtor 2 only  | □ Disputed  |             |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |             |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans   |             |
|                  | debt  | Obligations arising out of a separation agreement or divorce that you did not                             |             |
|                  | Is the claim subject to offset?   | report as priority claims   |             |
|                  | No -  | Debts to pension or profit-sharing plans, and other similar debts   |             |
|                  | ☐ Yes   | ■ Other. Specify Balance on Account [Used in Business]  |             |

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| Pridget M. Duzey   | Case number (if know)   |             |
|--|---|-------------|
| PNC Bank   | Last 4 digits of account number 2255  | \$7,060.00  |
| Nonpriority Creditor's Name Attn: Bankruptcy 249 5th Avenue, #30       | When was the debt incurred?   |             |
| Pittsburgh, PA 15222 Number Street City State Zlp Code                 | As of the date you file, the claim is: Check all that apply   |             |
| Who incurred the debt? Check one.                                      |   |             |
| ■ Debtor 1 only  | ☐ Contingent  |             |
| ☐ Debtor 2 only  | ☐ Unliquidated  |             |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |             |
| ☐ At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:  |             |
| ☐ Check if this claim is for a community                               | ☐ Student loans   |             |
| debt<br>Is the claim subject to offset?                                | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
| ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |             |
| Yes  | ■ Other. Specify Automobile ?   |             |
| Rita Medvec  | Last 4 digits of account number   | \$10,000.00 |
| Nonpriority Creditor's Name 503 North Welco Drive Montgomery, MN 56069 | When was the debt incurred?   |             |
| Number Street City State Zlp Code                                      | As of the date you file, the claim is: Check all that apply   |             |
| Who incurred the debt? Check one.                                      |   |             |
| Debtor 1 only  | ☐ Contingent  |             |
| ☐ Debtor 2 only  | ☐ Unliquidated  |             |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |             |
| $\square$ At least one of the debtors and another                      | Type of NONPRIORITY unsecured claim:  |             |
| Check if this claim is for a community                                 | ☐ Student loans   |             |
| debt Is the claim subject to offset?                                   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
| ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |             |
| Yes  | Other. Specify Business Loan  |             |
| Sprint   | Last 4 digits of account number 8991  | \$1,013.00  |
| Nonpriority Creditor's Name c/o Enhanced Recovery Corp.                | When was the debt incurred?   |             |
| 8014 Bayberry Road<br>Jacksonville, FL 32256                           |   |             |
| Number Street City State Zlp Code                                      | As of the date you file, the claim is: Check all that apply   |             |
| Who incurred the debt? Check one.                                      |   |             |
| ☐ Debtor 1 only  | ☐ Contingent  |             |
| ■ Debtor 2 only  | ☐ Unliquidated  |             |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |             |
| $\square$ At least one of the debtors and another                      | Type of NONPRIORITY unsecured claim:  |             |
| ☐ Check if this claim is for a community                               | Student loans   |             |
| debt Is the claim subject to offset?                                   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
| No   | □ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|  |   |             |
| ☐ Yes  | ■ Other. Specify Balance on Account   |             |

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Debtor 2 Bridget M. Duzey Case number (if know) 4.2 Synchrony Bank / HH Gregg 3474 \$926.00 Last 4 digits of account number 5 Nonpriority Creditor's Name P. O. Box 965064 When was the debt incurred? Orlando, FL 32896 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Balance on Account 4.2 Timothy Zelko \$285,444.00 Last 4 digits of account number 6 Nonpriority Creditor's Name 8585 West Forest Home Avenue When was the debt incurred? Greenfield, WI 53228 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts **Business Lease/Purchase [Cool Sculpting** Machines]; [48 months total but Lease terms uncertain and debt estimated and possibly ☐ Yes Other. Specify unenforceable] 4.2 **Trizetto** \$1.500.00 Last 4 digits of account number Nonpriority Creditor's Name 1240 East Diehl Road, #200 When was the debt incurred? Naperville, IL 60563 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Insurance Clearing House ☐ Yes

Debtor 1 Michael W. Duzey

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| Debto | Pridget M. Duzey   | Case number (if know)   |             |  |  |
|-------|--|---|-------------|--|--|
| 4.2   | US Bank  | Last 4 digits of account number   | \$22,900.00 |  |  |
| 8     | Nonpriority Creditor's Name 4325 - 17th Avenue S Fargo, ND 58125         | When was the debt incurred?   | <del></del> |  |  |
|       | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |             |  |  |
|       | Who incurred the debt? Check one.  |   |             |  |  |
|       | Debtor 1 only  | ☐ Contingent  |             |  |  |
|       | Debtor 2 only  | ☐ Unliquidated  |             |  |  |
|       | ■ Debtor 1 and Debtor 2 only   | □ Disputed  |             |  |  |
|       | ☐ At least one of the debtors and another                                | Type of NONPRIORITY unsecured claim:  |             |  |  |
|       | ☐ Check if this claim is for a community                                 | ☐ Student loans   |             |  |  |
|       | debt Is the claim subject to offset?                                     | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |  |  |
|       | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |             |  |  |
|       | □Yes   | Other. Specify Balance on Business Account  |             |  |  |
| 4.2   | WE Energies  | Last 4 digits of account number 9874  | \$177.00    |  |  |
| 9     | Nonpriority Creditor's Name  | Last 4 digits of account number 9874  | ψ177.00     |  |  |
|       | c/o Harris & Harris<br>111 W. Jackson Blvd., #400<br>Chicago, IL 60604   | When was the debt incurred?   |             |  |  |
|       | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |             |  |  |
|       | Who incurred the debt? Check one.  | ,   |             |  |  |
|       | ☐ Debtor 1 only  | ☐ Contingent  |             |  |  |
|       | ☐ Debtor 2 only  | ☐ Unliquidated  |             |  |  |
|       | ■ Debtor 1 and Debtor 2 only   | Disputed  |             |  |  |
|       | ☐ At least one of the debtors and another                                | Type of NONPRIORITY unsecured claim:  |             |  |  |
|       | ☐ Check if this claim is for a community                                 | ☐ Student loans   |             |  |  |
|       | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |             |  |  |
|       | Is the claim subject to offset?  | report as priority claims   |             |  |  |
|       | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |             |  |  |
|       | Yes  | Other. Specify Balance on Account   |             |  |  |
| 4.3   | Wisconsin Electric Power   | Last 4 digits of account number 3506  | \$164.00    |  |  |
|       | Nonpriority Creditor's Name P. O. Box 2046, Rm. A130 Milwaukee, WI 53201 | When was the debt incurred?   |             |  |  |
|       | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |             |  |  |
|       | Who incurred the debt? Check one.  |   |             |  |  |
|       | ☐ Debtor 1 only  | ☐ Contingent  |             |  |  |
|       | Debtor 2 only  | ☐ Unliquidated  |             |  |  |
|       | ☐ Debtor 1 and Debtor 2 only   | Disputed  |             |  |  |
|       | ☐ At least one of the debtors and another                                | Type of NONPRIORITY unsecured claim:  |             |  |  |
|       | ☐ Check if this claim is for a community                                 | ☐ Student loans   |             |  |  |
|       | debt   | $\square$ Obligations arising out of a separation agreement or divorce that you did not                   |             |  |  |
|       | Is the claim subject to offset?  | report as priority claims   |             |  |  |
|       | No   | Debts to pension or profit-sharing plans, and other similar debts   |             |  |  |
|       | Yes  | ■ Other. Specify Balance on Account   |             |  |  |

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Michael W. Duzey
Debtor 2 Bridget M. Duzey

Case number (if know)

Name and Address
Zwicker and Associates
7366 North Lincoln Avenue, #102
Lincolnwood, IL 60712

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number R877

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim      |
|--------------|-----|---|-----|------------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00       |
| Total claims |     |   |     | <br>             |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>174,741.47 |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00       |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00       |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>174,741.47 |
|              |     |   |     | Total Claim      |
|              | 6f. | Student loans   | 6f. | \$<br>0.00       |
| Total claims |     |   |     |                  |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00       |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00       |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>554,413.43 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>554,413.43 |

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|   |                         | 17000000          | III FAUE 40 01 73 |                                      |
|---|-------------------------|-------------------|-------------------|--------------------------------------|
| Fill in this infor                      | mation to identify your | case:             |                   |                                      |
| Debtor 1                                | Michael W. Duzey        | 1                 |                   |                                      |
|   | First Name              | Middle Name       | Last Name         |                                      |
| Debtor 2                                | Bridget M. Duzey        |                   |                   |                                      |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name         |                                      |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS       |                                      |
| Case number                             |                         |                   |                   | Charle if this is an                 |
| (ii kilowii)                            |                         |                   |                   | ☐ Check if this is an amended filing |

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| P   | erson or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|-----|---|---|
| 2.1 | Ford Motor Credit<br>National Bankruptcy Service Center<br>P. O. Box 62180<br>Colorado Springs, CO 80962    | 2014 Ford Escape                        |
| 2.2 | Timothy Zelko<br>8585 West Forest Home Avenue<br>Greenfield, WI 53228                                       | Cool Sculpting Machines                 |
| 2.3 | Vernon Hills Chiropractic Clinic,SC<br>355 East Route 83<br>Mundelein, IL 60060                             | Lease of Mundelein Business Property    |

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|                                 |  | Docume  | ent Page 41 o           | of 73  |
|---------------------------------|--|---|-------------------------|--|
| Fill in this i                  | nformation to identify your c  | ase:  |                         |  |
| Debtor 1                        | Michael W. Duzey   |   |                         |  |
|                                 | First Name   | Middle Name                                       | Last Name               |  |
| Debtor 2                        | Bridget M. Duzey   |   |                         |  |
| (Spouse if, filing              | ) First Name   | Middle Name                                       | Last Name               |  |
| United State                    | es Bankruptcy Court for the:   | NORTHERN DISTRICT                                 | OF ILLINOIS             |  |
| Case number                     | er   |   |                         |  |
| (if known)                      |  |   |                         | ☐ Check if this is an  |
|                                 |  |   |                         | amended filing   |
| Official                        | Form 106H  |   |                         |  |
|                                 |  | latana  |                         |  |
| Scheal                          | ule H: Your Code   | eptors  |                         | 12/15  |
|                                 | and case number (if known).  ou have any codebtors? (If yo   |   |                         | as a codebtor.   |
| ■ No<br>□ Yes                   |  |   |                         |  |
| Arizona  No. 0                  | in the last 8 years, have you l<br>, California, Idaho, Louisiana, N<br>Go to line 3.<br>Did your spouse, former spous | Nevada, New Mexico, Pu                            | erto Rico, Texas, Washi | y? (Community property states and territories include ington, and Wisconsin.)  |
| in line 2<br>Form 10<br>out Col | 2 again as a codebtor only if<br>06D), Schedule E/F (Official I  | that person is a guaran<br>Form 106E/F), or Sched | tor or cosigner. Make s | if your spouse is filing with you. List the person shows sure you have listed the creditor on Schedule D (Official 16G). Use Schedule D, Schedule E/F, or Schedule G to file Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
|                                 |  |   |                         | _  |
| 3.1                             |  |   |                         | Schedule D, line   |
| Ni                              | ame  |   |                         | Schedule E/F, line   |
|                                 |  |   |                         | ☐ Schedule G, line   |
|                                 | umber Street<br>ity  | State   | ZIP Code                | _  |
| 3.2                             |  |   |                         | ☐ Schedule D, line   |
|                                 | ame  |   |                         | ☐ Schedule E/F, line   |
|                                 |  |   |                         | ☐ Schedule G, line   |
| N                               | umber Street   |   |                         | _  |
|                                 | ity  | State   | ZIP Code                |  |

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| Fill in this information t      | o identify your case:                            |   |
|---------------------------------|--|---|
| Debtor 1                        | Michael W. Duzey                                 |   |
| Debtor 2<br>(Spouse, if filing) | Bridget M. Duzey                                 |   |
| United States Bankrup           | tcy Court for the: NORTHERN DISTRICT OF ILLINOIS |   |
| Case number (If known)          |  | Check if this is:  An amended filing  A supplement showing postpetition chapter |
| Official Form                   | <u>106I</u>                                      | 13 income as of the following date:  MM / DD/ YYYY                              |

### **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Describe Employment                                    |                       |  |   |
|-----|---|-----------------------|--|---|
| 1.  | Fill in your employment information.                        |                       | Debtor 1                               | Debtor 2 or non-filing spouse             |
|     | If you have more than one job,                              | Employment status     | ■ Employed                             | ■ Employed                                |
|     | attach a separate page with information about additional    | Employment status     | ☐ Not employed                         | ☐ Not employed                            |
|     | employers.  | Occupation            | Chiropractor                           | Receptionist                              |
|     | Include part-time, seasonal, or self-employed work.         | Employer's name       | Vernon Hills Chiropractic Clinic, S.C. | Vernon Hills Chiropractic Clinic,<br>S.C. |
|     | Occupation may include student or homemaker, if it applies. | Employer's address    |  |   |
|     |   |                       | Mundelein, IL 60060                    | Mundelein, IL 60060                       |
|     |   | How long employed the | here? 29 years                         | 1 year                                    |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

|    |  |    |     | For Debtor 1 |     | Debtor 2 or<br>filing spouse |
|----|--|----|-----|--------------|-----|------------------------------|
| 2. | <b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. | \$_ | 0.00         | \$  | 0.00                         |
| 3. | Estimate and list monthly overtime pay.  | 3. | +\$ | 0.00         | +\$ | 0.00                         |
| 4. | Calculate gross Income. Add line 2 + line 3.   | 4. | \$  | 0.00         | \$  | 0.00                         |

Official Form 106I Schedule I: Your Income page 1

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Michael W. Duzey Debtor 1 Bridget M. Duzey Debtor 2 Case number (if known) For Debtor 1 For Debtor 2 or non-filing spouse 0.00 Copy line 4 here 0.00 List all payroll deductions: Tax, Medicare, and Social Security deductions 5a. 5a. 0.00 0.00 Mandatory contributions for retirement plans 5b. 5b. 0.00 0.00 Voluntary contributions for retirement plans 5c. 5c. \$ 0.00 \$ 0.00 5d. Required repayments of retirement fund loans 5d. \$ 0.00 0.00 5e. Insurance 5e. 0.00 0.00 5f. **Domestic support obligations** 5f. 0.00 0.00 5q. **Union dues** 5q. 0.00 0.00 5h. Other deductions. Specify: 5h.+ 0.00 0.00 Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. 0.00 0.00 Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 7. 0.00 0.00 8. List all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$ 7,000.00 0.00 8h Interest and dividends 8h 0.00 0.00 Family support payments that you, a non-filing spouse, or a dependent 8c. regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 0.00 0.00 8d. **Unemployment compensation** 8d. 0.00 0.00 **Social Security** 8e. 8e. 0.00 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: 0.00 0.00 8g. 8g. Pension or retirement income \$ 0.00 \$ 0.00 Other monthly income. Specify: 8h.+ \$ 8h. \$ 0.00 0.00 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9 7,000.00 0.00 10. Calculate monthly income. Add line 7 + line 9. 10. \$ 7.000.00 \$ 0.00 7.000.00 \$ Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 0.00 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 7,000.00 12. \$ applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No. П Yes. Explain: Debtors' income is an estimate. Last year's income was less.

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| Fill | in this informa                              | ition to identify yo                                  | our case:         |  |  |  |                 |  |  |
|------|--|---|-------------------|--|--|--|-----------------|--|--|
| Deb  | Debtor 1 Michael W. Duzey                    |   |                   |  |  | Check if this is:  |                 |  |  |
| 1    | Debtor 2 Bridget M. Duzey Spouse, if filing) |   |                   |  |  | ☐ An amended filing ☐ A supplement showing postpetition chal 13 expenses as of the following date: |                 |  |  |
| Unit | ted States Bankr                             | ruptcy Court for the                                  | : NORTH           | HERN DISTRICT OF ILLIN   | OIS                                    |  | MM / DD / YYYY  |  |  |
| 1    | se number                                    |   |                   |  |  |  |                 |  |  |
|      |  | rm 106J   |                   |  |  |  |                 |  |  |
| S    | chedule                                      | J: Your l   | Exper             | ises   |  |  |                 | 12/15  |  |
| info | ormation. If m                               |   | eded, atta        | . If two married people and the control in the cont |  |  |                 |  |  |
| Par  |  | ribe Your House                                       | hold              |  |  |  |                 |  |  |
| 1.   | Is this a joir  ☐ No. Go to                  | line 2.   |                   |  |  |  |                 |  |  |
|      |  | es Debtor 2 live i                                    | in a separ        | ate household?   |  |  |                 |  |  |
|      | ■ N<br>□ Y                                   |   | st file Offici    | al Form 106J-2, <i>Expenses</i>  | s for Separate House                   | ehold of De  | ebtor 2.        |  |  |
| 2.   | Do vou have                                  | e dependents?   | □ No              |  |  |  |                 |  |  |
|      | Do not list D<br>Debtor 2.                   | •   | ■ Yes.            | Fill out this information for each dependent   | Dependent's relat<br>Debtor 1 or Debto |  | Dependent's age | Does dependent live with you?                          |  |
|      | Do not state dependents                      |   |                   |  | Son                                    |  | 16              | □ No<br>■ Yes  |  |
|      |  |   |                   |  | Son                                    |  | 23              | ■ No<br>□ Yes  |  |
|      |  |   |                   |  |  |  |                 | □ No   |  |
|      |  |   |                   |  |  |  |                 | Yes  |  |
|      |  |   |                   |  |  |  |                 | □ No<br>□ Yes  |  |
| 3.   | expenses o                                   | penses include<br>f people other tl<br>d your depende | han $_{m \sqcap}$ | No<br>Yes  |  |  |                 | . =  |  |
| Est  | timate your ex                               |   | our bankr         | uptcy filing date unless y   |  |  |                 | apter 13 case to report<br>of the form and fill in the |  |
| the  |  | h assistance an                                       |                   | government assistance i<br>cluded it on <i>Schedule I:</i> Y   |  |  | Your exp        | penses   |  |
| 4.   |  | or home owners  |                   | ses for your residence. I  | nclude first mortgag                   | e 4.   | \$              | 1,500.00   |  |
|      | If not includ                                | led in line 4:  |                   |  |  |  |                 |  |  |
|      | 4a. Real e                                   | estate taxes  |                   |  |  | 4a.  | \$              | 800.00   |  |
|      |  | rty, homeowner's                                      | s, or renter      | 's insurance   |  | 4b.  | ·               | 200.00   |  |
|      |  |   |                   | upkeep expenses  |  | 4c.  | ·               | 100.00   |  |
| 5.   |  | owner's associat                                      |                   | dominium dues<br><b>our residence,</b> such as ho  | me equity loans                        | 4d.<br>5.  |                 | 0.00<br>0.00   |  |
|      |  |   | ,                 | ,  |  |  |                 |  |  |

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|     |                              | •  |      |                |                                 |  |  |  |
|-----|------------------------------|--|------|----------------|---------------------------------|--|--|--|
| Deb | otor 2 Bridg                 | or 2 Bridget M. Duzey  |      | ber (if known) |                                 |  |  |  |
| 6.  | Utilities:                   |  |      |                |                                 |  |  |  |
| ٥.  |                              | icity, heat, natural gas   | 6a.  | \$             | 400.00                          |  |  |  |
|     |                              | , sewer, garbage collection  | 6b.  | \$             | 0.00                            |  |  |  |
|     | 6c. Telepl                   | hone, cell phone, Internet, satellite, and cable services  | 6c.  | \$             | 300.00                          |  |  |  |
|     | 6d. Other                    | Specify: Well and Septic Maintenance   | 6d.  | \$             | 50.00                           |  |  |  |
| 7.  | Food and h                   | ousekeeping supplies   | 7.   | \$             | 250.00                          |  |  |  |
| 8.  | Childcare a                  | nd children's education costs  | 8.   | \$             | 100.00                          |  |  |  |
| 9.  | Clothing, la                 | undry, and dry cleaning  | 9.   | \$             | 75.00                           |  |  |  |
| 10. | Personal ca                  | re products and services   | 10.  | \$             | 25.00                           |  |  |  |
| 11. | Medical and                  | dental expenses  | 11.  | \$             | 0.00                            |  |  |  |
| 12. |                              | ion. Include gas, maintenance, bus or train fare.  | 40   | Φ              | 150.00                          |  |  |  |
| 4.0 |                              | de car payments.   | 12.  |                |                                 |  |  |  |
|     |                              | ent, clubs, recreation, newspapers, magazines, and books   | 13.  |                | 0.00                            |  |  |  |
|     |                              | contributions and religious donations  | 14.  | \$             | 100.00                          |  |  |  |
| 15. | Insurance.                   | de insurance deducted from your pay or included in lines 4 or 20.  |      |                |                                 |  |  |  |
|     | 15a. Life in                 | , , ,  | 15a. | \$             | 0.00                            |  |  |  |
|     | 15b. Health                  |  | 15b. |                | 0.00                            |  |  |  |
|     | 15c. Vehicl                  |  | 15c. |                | 150.00                          |  |  |  |
|     |                              | insurance. Specify:  | 15d. |                | 0.00                            |  |  |  |
| 16. |                              | ot include taxes deducted from your pay or included in lines 4 or 20.  |      | ·              | 0.00                            |  |  |  |
|     |                              | inois Department of Revenue  | 16.  | \$             | 250.00                          |  |  |  |
| 17. |                              | or lease payments:   |      |                |                                 |  |  |  |
|     |                              | ayments for Vehicle 1  | 17a. | \$             | 400.00                          |  |  |  |
|     | 17b. Car pa                  | ayments for Vehicle 2  | 17b. | \$             | 389.00                          |  |  |  |
|     | 17c. Other                   | Specify: Bankruptcy Attorneys Fees   | 17c. | \$             | 500.00                          |  |  |  |
|     | 17d. Other                   | Specify:   | 17d. | \$             | 0.00                            |  |  |  |
| 18. |                              | ents of alimony, maintenance, and support that you did not report as   |      |                | 0.00                            |  |  |  |
|     | deducted fr                  | om your pay on line 5, Schedule I, Your Income (Official Form 106I).   | 18.  |                | 0.00                            |  |  |  |
| 19. |                              | ents you make to support others who do not live with you.  | 40   | \$             | 0.00                            |  |  |  |
| 20  | Specify:                     | property expenses not included in lines 4 or 5 of this form or on Sch  | 19.  | Incomo         |                                 |  |  |  |
| 20. |                              | ages on other property   | 20a. |                | 2,000.00                        |  |  |  |
|     | 20b. Real                    |  | 20b. |                | 0.00                            |  |  |  |
|     |                              | rty, homeowner's, or renter's insurance  | 20c. |                | 0.00                            |  |  |  |
|     | •                            | enance, repair, and upkeep expenses  | 20d. |                | 0.00                            |  |  |  |
|     |                              | owner's association or condominium dues  | 20e. | ·              | 0.00                            |  |  |  |
| 21  | Other: Spec                  |  |      | +\$            | 0.00                            |  |  |  |
|     | ouiloi opec                  |  |      | Γ              | 0.00                            |  |  |  |
| 22. | •                            | our monthly expenses   |      |                |                                 |  |  |  |
|     |                              | es 4 through 21.   |      | \$             | 7,739.00                        |  |  |  |
|     | 22b. Copy lii                | ne 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |      | \$             |                                 |  |  |  |
|     | 22c. Add line                | e 22a and 22b. The result is your monthly expenses.  |      | \$             | 7,739.00                        |  |  |  |
| 23  | Calculate v                  | our monthly net income.  |      |                |                                 |  |  |  |
| ۷۵. |                              | line 12 (your combined monthly income) from Schedule I.  | 23a. | \$             | 7,000.00                        |  |  |  |
|     |                              | your monthly expenses from line 22c above.   | 23b. | ·              | 7,739.00                        |  |  |  |
|     | _c copy                      | ,,,  | 200. |                | 1,733.00                        |  |  |  |
|     |                              | act your monthly expenses from your monthly income.  | 23c. | \$             | -739.00                         |  |  |  |
|     | ine re                       | esult is your monthly net income.  | 200. |                | - 55.55                         |  |  |  |
| 24. | For example, modification to | ect an increase or decrease in your expenses within the year after y do you expect to finish paying for your car loan within the year or do you expect you the terms of your mortgage? |      |                | crease or decrease because of a |  |  |  |
|     | No.                          |  |      |                |                                 |  |  |  |
|     | ☐ Yes.                       | Explain here:  |      |                |                                 |  |  |  |

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| Fill in this infor  | mation to identify your                           | case:  |  |
|---------------------|---|--|--|
| Debtor 1            | Michael W. Duze                                   |  |  |
|                     | First Name  | Middle Name Last Name  | _  |
| Debtor 2            | Bridget M. Duzey                                  |  |  |
| (Spouse if, filing) | First Name  | Middle Name Last Name  | _  |
| United States Ba    | ankruptcy Court for the:                          | NORTHERN DISTRICT OF ILLINOIS  | _  |
| Case number         |   |  |  |
| (if known)          |   |  | Check if this is an amended filing   |
| ou must file thi    | is form whenever you f                            | r, both are equally responsible for supplying correct information le bankruptcy schedules or amended schedules. Making a false a connection with a bankruptcy case can result in fines up to \$2519, and 3571. | e statement, concealing property, or   |
| Sig                 | n Below   |  |  |
| Did you pa          | ay or agree to pay some                           | one who is NOT an attorney to help you fill out bankruptcy forn  | ns?  |
| ■ No                |   |  |  |
| ☐ Yes. I            | Name of person                                    |  | h Bankruptcy Petition Preparer's Notice,<br>aration, and Signature (Official Form 119) |
|                     | alty of perjury, I declare<br>e true and correct. | that I have read the summary and schedules filed with this dec   | laration and   |
| X /s/ Mic           | hael W. Duzey                                     | X /s/ Bridget M. Duzey   |  |
|                     | el W. Duzey                                       | Bridget M. Duzey   |  |
|                     | ire of Debtor 1                                   | Signature of Debtor 2  |  |
| Date _              | January 25, 2017                                  | Date <b>January 25, 2017</b>   |  |

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| Fill               | in this info                | rmation to identify you                         | r case:                                    |                 |   |   |   |
|--------------------|-----------------------------|---|--|-----------------|---|---|---|
| Del                | otor 1                      | Michael W. Duze                                 | ₽V   |                 |   |   |   |
|                    |                             | First Name                                      | Middle Name                                |                 | Last Name                                       |   |   |
|                    | otor 2<br>use if, filing)   | Bridget M. Duze                                 | Middle Name                                |                 | Last Name                                       |   |   |
| ` .                | . 0,                        |   |  |                 |   |   |   |
| Uni                | ted States E                | Bankruptcy Court for the:                       | NORTHERN DIST                              | RICT OF ILL     | INOIS   |   |   |
|                    | se number                   |   |  |                 |   | _   | heck if this is an mended filing                      |
| Sta                | atemer                      | orm 107<br>ot of Financial                      |  |                 |   |   | 4/16  |
| info<br>num        | rmation. If<br>nber (if kno | more space is needed,<br>wn). Answer every que  | attach a separate sh<br>stion.             | neet to this fo | orm. On the top of any                          | equally responsible for sup                                 |   |
| Par                | t 1: Give                   | Details About Your Ma                           | rital Status and Whe                       | ere You Live    | d Before  |   |   |
| 1.                 | What is yo                  | ur current marital statu                        | is?  |                 |   |   |   |
|                    | ■ Marrie                    | ed<br>arried                                    |  |                 |   |   |   |
| 2.                 | During the                  | last 3 years, have you                          | lived anywhere othe                        | r than where    | you live now?                                   |   |   |
|                    | ■ No □ Yes. I               | ist all of the places you l                     | ived in the last 3 years                   | s. Do not incl  | ude where you live now                          | <i>i</i> .  |   |
|                    | Debtor 1                    | Prior Address:                                  | Dates De<br>lived the                      |                 | Debtor 2 Prior Ad                               | dress:  | Dates Debtor 2<br>lived there                         |
| <b>3.</b><br>state |                             |   |  |                 |   | ity property state or territory co, Texas, Washington and W |   |
|                    | ■ No                        |   |  |                 |   |   |   |
|                    | ☐ Yes. I                    | Make sure you fill out Sch                      | nedule H: Your Codeb                       | tors (Official  | Form 106H).                                     |   |   |
| Par                | t 2 Exp                     | ain the Sources of You                          | r Income                                   |                 |   |   |   |
| 4.                 | Fill in the to              | ave any income from enotal amount of income you | u received from all job                    | s and all bus   | inesses, including part-                        |   | ndar years?   |
|                    | □ No                        |   |  |                 |   |   |   |
|                    | _                           | Fill in the details.                            |  |                 |   |   |   |
|                    |                             |   | Debtor 1                                   |                 |   | Debtor 2  |   |
|                    |                             |   | Sources of income<br>Check all that apply. | (be             | oss income<br>efore deductions and<br>clusions) | Sources of income<br>Check all that apply.                  | Gross income<br>(before deductions<br>and exclusions) |
|                    |                             | 1 of current year until<br>led for bankruptcy:  | ☐ Wages, commiss bonuses, tips             | ions,           | \$3,000.00                                      | ■ Wages, commissions, bonuses, tips                         | \$0.00  |
|                    |                             |   | Operating a busing                         | ness            |   | ☐ Operating a business                                      |   |

Official Form 107

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Michael W. Duzey Debtor 1 Debtor 2 **Bridget M. Duzey** Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$58,000.00 \$0.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips Operating a business ☐ Operating a business For the calendar year before that: \$98,000.00 \$0.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 2 Debtor 1 Sources of income Gross income from Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? ■ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Amount you Dates of payment **Total amount** Was this payment for ... still owe paid

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Michael W. Duzey

| De  | btor 2 Bridget M. Duzey   |   | Cas   | se number (if known                       | )                                      |  |
|-----|---|---|---|---|--|--|
| 7.  | Within 1 year before you filed for bankrupt Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. It alimony. | artners; relatives of any gen<br>control, or owner of 20% o | eral partners; partners r more of their voting        | erships of which y<br>g securities; and a | ou are a general p<br>any managing age | eartner; corporation<br>nt, including one fo |
|     | No  |   |   |   |  |  |
|     | Yes. List all payments to an insider.   | D   |   |   | 5 ( 1                                  |  |
|     | Insider's Name and Address  | Dates of payment  | Total amount paid                                     | Amount you still owe                      | Reason for thi                         | is payment                                   |
| 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos  |   | ments or transfer a                                   | any property on a                         | account of a debt                      | that benefited an                            |
|     | ■ No  |   |   |   |  |  |
|     | ☐ Yes. List all payments to an insider  |   |   |   |  |  |
|     | Insider's Name and Address  | Dates of payment  | Total amount paid                                     | Amount you still owe                      | Reason for thi                         |  |
| Pa  | rt 4: Identify Legal Actions, Repossession  | ne and Forcelosures   | pula  | Still Olive                               | molade orealto                         | 1 o namo                                     |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.  |   |   |   |  |  |
|     | Case title  | Nature of the case  | Court or agency                                       |   | Status of the                          | case   |
|     | Case number   |   |   |   |  |  |
|     | Christopher J. Hoklas, D.C. v.<br>Michael W. Duzey, D.C.<br>16 L 409  | Breach of<br>Contract                                       | Circuit Court o<br>County, Illinois<br>Waukegan, IL ( | 3   | ■ Pending □ On appeal □ Concluded      |  |
|     | American Everence Conturion Bank  | Arbitration   | Circuit Court o                                       | f Laka                                    |  |  |
|     | American Express Centurion Bank v.  | Proceedings   | County, Illinois                                      |   | Pending                                |  |
|     | Michael Duzey<br>15 AR 877  | <b>3</b>  | Waukegan, IL  |   | ☐ On appeal ☐ Concluded                |  |
|     | American Chartered v.   | Breach of   | Circuit Court o                                       | f Cook                                    | ■ Pending                              |  |
|     | Michael Duzey   | Contract  | County, Illinois                                      |   | ☐ On appeal                            |  |
|     | 2014-M1-147613  |   | First Municipal<br>Division                           | l, Civil                                  | ☐ Concluded                            |  |
|     |   |   |   |   | Judgment El<br>Pending                 | ntered; Citation                             |
|     | Wilmington Trust v. Michael Duzey   | Foreclosure   | Circuit Court o                                       | f Lake                                    | Pending                                |  |
|     | 17 CH 98  | Proceedings   | County, Illinois                                      |   | ☐ On appeal                            |  |
|     |   |   | Waukegan, IL (  | 00085                                     | ☐ Concluded                            |  |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  |   | erty repossessed, f                                   | oreclosed, garni                          | shed, attached, s                      | seized, or levied?                           |
|     | Yes. Fill in the information below.   |   |   | _   |  |  |
|     | Creditor Name and Address   | Describe the Property                                       |   | Date                                      |  | Value of the<br>property                     |
|     |   | Explain what happened                                       | d   |   |  |  |

Debtor 1

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Page 50 of 73 Document Debtor 1 Michael W. Duzey Debtor 2 **Bridget M. Duzey** Case number (if known) **Creditor Name and Address** Describe the Property Date Value of the property Explain what happened Associate Bank 3923 Tamarack January, 2016 \$39,000.00 1305 Main Street Watersmeet, MI 49969 Stevens Point, WI 54481 ☐ Property was repossessed. Property was foreclosed. ☐ Property was garnished. □ Property was attached, seized or levied. 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Value Dates you gave the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Value Describe what you contributed Dates vou contributed more than \$600 **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details.

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Describe the property you lost and

how the loss occurred

Value of property

Date of your

loss

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Debtor 1 Michael W. Duzey Debtor 2 **Bridget M. Duzey** Case number (if known) Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. **Person Who Was Paid** Amount of Description and value of any property Date payment **Address** transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You Magee Hartman, P.C. **Attorney Fees** \$5,000.00 444 North Cedar Lake Road Round Lake, IL 60073 bk@mageehartman.com Rita Medvec. Mother-In-Law 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. **Person Who Received Transfer** Description and value of Date transfer was Describe any property or Address property transferred payments received or debts made paid in exchange Person's relationship to you Rita Medvec **Security Interest in Business** \$5,000.00 paid to 01/09/2017 **Debtors' Attorney** 503 North Welco Drive Stock and Equipment Montgomery, MN 56069 Mother-In-Law **Quit-Claim Deed to transfer** 25300 West Marilyn 11/16/2016 Michael and Bridget Duzey 25300 West Marilyn Meadow Court **Marital Residence into Joint Meadow Court** Wauconda, IL 60084 **Tenancy** Wauconda, IL 60084 No Value Transferred Spouses Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Nο Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made

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Debtor 1 Michael W. Duzey
Debtor 2 Bridget M. Duzey

Case number (if known)

| Par | t 8:         | List of Certain Financial Accounts, In   | strun   | nents, Safe Depos  | sit Boxes, and Sto             | orage Unit              | ts   |      |   |
|-----|--------------|--|---------|--|--------------------------------|-------------------------|--|------|---|
| 20. | sold<br>Incl | nin 1 year before you filed for bankrupto<br>I, moved, or transferred?<br>ude checking, savings, money market,<br>ses, pension funds, cooperatives, asso<br>No | or oth  | ner financial acco   | unts; certificates             | of deposi               | •  |      | ,   |
|     | _            | Yes. Fill in the details.  |         |  |                                |                         |  |      |   |
|     |              | me of Financial Institution and dress (Number, Street, City, State and ZIP   |         | st 4 digits of<br>count number                                       | Type of account instrument     | int or                  | Date account was closed, sold, moved, or transferred |      | Last balance<br>before closing or<br>transfer |
| 21. | •            | ou now have, or did you have within 1<br>n, or other valuables?  | year    | before you filed fo  | or bankruptcy, an              | ny safe de <sub>l</sub> | posit box or other depos                             | itor | y for securities,                             |
|     |              | No<br>Yes. Fill in the details.  |         |  |                                |                         |  |      |   |
|     |              | ne of Financial Institution<br>dress (Number, Street, City, State and ZIP Code)  |         | Who else had ac<br>Address (Number,<br>State and ZIP Code)           |                                | Describe                | the contents   |      | Do you still have it?                         |
| 22. | Hav          | e you stored property in a storage unit  | or pla  | ace other than you   | ır home within 1               | year befor              | re you filed for bankrupto                           | cy?  |   |
|     |              | No<br>Yes. Fill in the details.  |         |  |                                |                         |  |      |   |
|     |              | me of Storage Facility<br>dress (Number, Street, City, State and ZIP Code)   |         | Who else has or<br>to it?<br>Address (Number,<br>State and ZIP Code) |                                | Describe                | the contents   |      | Do you still have it?                         |
| Par | t 9:         | Identify Property You Hold or Contro   | l for S | Someone Else   |                                |                         |  |      |   |
| 23. | •            | ou hold or control any property that so<br>comeone.  | omeoi   | ne else owns? Inc  | lude any propert               | y you bor               | rowed from, are storing f                            | or,  | or hold in trust                              |
|     |              | No<br>Yes. Fill in the details.  |         |  |                                |                         |  |      |   |
|     |              | ner's Name<br>dress (Number, Street, City, State and ZIP Code)   |         | Where is the pro<br>(Number, Street, City,<br>Code)                  |                                | Describe                | the property   |      | Value   |
| Par | t 10:        | Give Details About Environmental Inf   | forma   | tion   |                                |                         |  |      |   |
| For | the p        | urpose of Part 10, the following definit   | ions a  | apply:   |                                |                         |  |      |   |
|     | toxi         | ironmental law means any federal, state<br>c substances, wastes, or material into tale<br>alations controlling the cleanup of thes                             | he ai   | r, land, soil, surfa   | ce water, ground               |                         |  |      |   |
|     |              | means any location, facility, or propert<br>wn, operate, or utilize it, including disp   | -       |  | environmental la               | aw, wheth               | er you now own, operate                              | e, o | rutilize it or used                           |
|     |              | ardous material means anything an env<br>ardous material, pollutant, contaminant   |         |  | s as a hazardous               | waste, ha               | zardous substance, toxid                             | C SI | ıbstance,                                     |
| Rep | ort a        | ll notices, releases, and proceedings th   | at yo   | u know about, reg  | gardless of when               | they occu               | urred.   |      |   |
| 24. | Has          | any governmental unit notified you that  | t you   | may be liable or   | potentially liable             | under or i              | n violation of an environ                            | mei  | ntal law?                                     |
|     |              | No<br>Yes. Fill in the details.  |         |  |                                |                         |  |      |   |
|     | <b>⊔</b>     |  |         | 0  | 14                             | F                       | annantal law 16                                      |      | Data of water                                 |
|     |              | ne of site<br>dress (Number, Street, City, State and ZIP Code)   |         | Governmental u<br>Address (Number,<br>ZIP Code)                      | NIT<br>Street, City, State and | _                       | onmental law, if you<br>it                           |      | Date of notice                                |

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Debtor 1 Michael W. Duzey
Debtor 2 Bridget M. Duzey

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Case number (if known)

| 25. | Have you notified any governmental unit of   | any release of hazardous material?                                       |          |                      |                         |                    |
|-----|--|--|----------|----------------------|-------------------------|--------------------|
|     | ■ No   |  |          |                      |                         |                    |
|     | Yes. Fill in the details.  |  |          |                      |                         |                    |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)                       | Governmental unit<br>Address (Number, Street, City, State a<br>ZIP Code) |          | Environme<br>know it | ntal law, if you        | Date of notice     |
| 26. | Have you been a party in any judicial or adm   | ninistrative proceeding under any en                                     | vironm   | nental law?          | Include settlements a   | nd orders.         |
|     | ■ No □ Yes. Fill in the details.   |  |          |                      |                         |                    |
|     | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)  | Nati     | ure of the c         | ase                     | Status of the case |
| Par | t 11: Give Details About Your Business or 0  | Connections to Any Business  |          |                      |                         |                    |
| 27. | Within 4 years before you filed for bankrupto  | cy, did you own a business or have a                                     | any of t | the followir         | ng connections to any   | business?          |
|     | ■ A sole proprietor or self-employed in  | a trade, profession, or other activity                                   | y, eithe | er full-time         | or part-time            |                    |
|     | ☐ A member of a limited liability compa  | any (LLC) or limited liability partners                                  | hip (Ll  | LP)                  |                         |                    |
|     | ☐ A partner in a partnership   |  |          |                      |                         |                    |
|     | ☐ An officer, director, or managing exe  | ecutive of a corporation   |          |                      |                         |                    |
|     | ☐ An owner of at least 5% of the voting  | or equity securities of a corporation                                    | n        |                      |                         |                    |
|     | ☐ No. None of the above applies. Go to P   |  |          |                      |                         |                    |
|     | ■ Yes. Check all that apply above and fill   |  | 88       |                      |                         |                    |
|     | Business Name  | Describe the nature of the business                                      |          | Employer             | Identification number   |                    |
|     | Address<br>(Number, Street, City, State and ZIP Code)                                    | Name of accountant or bookkeeper   |          | Do not inc           | clude Social Security n | umber or ITIN.     |
|     | (,, <b>,</b> ,   | Name of accountant of bookkeeper   |          | Dates bus            | iness existed           |                    |
|     | Vernon Hills Chiropractic Clinic,  | Chiropractic Clinic  |          | EIN:                 | 36-4114806              |                    |
|     | S.C.<br>355 East Route 83<br>Mundelein, IL 60060   |  |          | From-To              | 1988 to Present         |                    |
|     | Vernon Hills Physical Medicine   |  |          | EIN:                 | 45-3338020              |                    |
|     | S.C.<br>Mundelein, IL 60060  |  |          | From-To              | 2013 to 2014            |                    |
|     | Needle Free Solutions  |  |          | EIN:                 |                         |                    |
|     |  |  |          | From-To              | 2013 to 2014            |                    |
|     | Michael W. Duzey, Chiropractic<br>Physician  |  |          | EIN:                 | xxx-xx-5994             |                    |
|     |  |  |          | From-To              | 1983 to Present         |                    |
|     | Within 2 years before you filed for bankrupto institutions, creditors, or other parties. | cy, did you give a financial statement                                   | t to any | yone about           | your business? Includ   | de all financial   |
|     | ■ No □ Yes. Fill in the details below.   |  |          |                      |                         |                    |
|     | Name<br>Address  | Date Issued  |          |                      |                         |                    |
|     | (Number, Street, City, State and ZIP Code)   |  |          |                      |                         |                    |

Entered 01/25/17 16:28:12 Case 17-02205 Doc 1 Filed 01/25/17 Desc Main Document Page 54 of 73 Michael W. Duzey Debtor 1 Debtor 2 Bridget M. Duzey Case number (if known) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Michael W. Duzey /s/ Bridget M. Duzey Michael W. Duzev **Bridget M. Duzey** Signature of Debtor 1 Signature of Debtor 2 Date January 25, 2017 January 25, 2017 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No
□ Yes

■ No

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| Debtor 1            | Michael W. Duze | <b>Э</b> У  |           |                                     |
|---------------------|-----------------|-------------|-----------|-------------------------------------|
|                     | First Name      | Middle Name | Last Name |                                     |
| Debtor 2            | Bridget M. Duze | у           |           |                                     |
| (Spouse if, filing) | First Name      | Middle Name | Last Name |                                     |
| Case number         |                 |             |           |                                     |
| Case number         | , ,             |             |           |                                     |
| (if known)          |                 |             |           | ☐ Check if this is a amended filing |

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral  | What do you intend to do with the property that secures a debt?  | Did you claim the property as exempt on Schedule C? |
|--|--|---|
| Creditor's American Chartered Bank name:   | ☐ Surrender the property. ☐ Retain the property and redeem it.   | □ No  |
| Description of property securing debt:  355 East Illinois Route 83 Mundelein, IL 60060 Lake County | <ul> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>■ Retain the property and [explain]:</li> <li>Retain - Keep Current</li> </ul> | ■ Yes   |
| Creditor's Fifth Third Bank name:  | ☐ Surrender the property. ☐ Retain the property and redeem it.   | □ No  |
| Description of property securing debt:  355 East Illinois Route 83 Mundelein, IL 60060 Lake County | <ul> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>■ Retain the property and [explain]:</li> <li>Retain - Keep Current</li> </ul> | ■ Yes   |
| Creditor's Ford Motor Credit name:   | ☐ Surrender the property. ☐ Retain the property and redeem it.   | □ No  |
| Description of 2011 Ford F150 110,000 miles property   | <ul><li>■ Retain the property and enter into a Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul>                                   | ■ Yes   |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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|  | ael W. Duzey<br>get M. Duzey   | Case number (if k  | nown)  |
|--|--|--|--|
| securing debt:                         |  |  |  |
| Creditor's Fo                          | ord Motor Credit   | ☐ Surrender the property. ☐ Retain the property and redeem it.   | □ No   |
| Description of property securing debt: | 2014 Ford Escape<br>Leased Vehicle   | ■ Retain the property and enter into a Reaffirmation Agreement.  □ Retain the property and [explain]:  | ■ Yes  |
| Creditor's <b>N</b> aname:             | ationstar Mortgage LLC   | ☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a  | □ No ■ Yes   |
| Description of property securing debt: | 25300 West Marilyn Meadow<br>Court Wauconda, IL 60084 Lake<br>County                       | Reaffirmation Agreement.  Retain the property and [explain]:  Retain - Keep Current  |  |
| Creditor's Riname:                     | ita Medvec   | ☐ Surrender the property. ☐ Retain the property and redeem it.   | □ No   |
| Description of                         | Vernon Hills Chiropractic Clinic,<br>S.C.  | Retain the property and enter into a Reaffirmation Agreement.  | ■ Yes  |
| property<br>securing debt:             | [Includes office furniture,<br>equipment, sign and unpaid<br>\$10,000 accounts receivable] | ■ Retain the property and [explain]:   |  |
|  | 100%   | Retain - Keep Current  |  |
| Creditor's Us                          | S Bank   | ☐ Surrender the property. ☐ Retain the property and redeem it.   | □ No   |
| Description of                         | 355 East Illinois Route 83<br>Mundelein, IL 60060 Lake                                     | Retain the property and enter into a Reaffirmation Agreement.  | ■ Yes  |
| property<br>securing debt:             | County   | ■ Retain the property and [explain]:  Retain - Keep Current  |  |
| For any unexpire in the information    | n below. Do not list real estate leases. Ur  | I in Schedule G: Executory Contracts and Unexperied leases are leases that are still in effect the trustee does not assume it. 11 U.S.C. § 365 | t; the lease period has not yet ended.<br>5(p)(2). |
| Describe your u                        | nexpired personal property leases  |  | Will the lease be assumed?                         |
| Lessor's name:<br>Description of lea   | ased   |  | □ No   |
| Property:                              |  |  | ☐ Yes  |
| Lessor's name:<br>Description of lea   | sed  |  | □ No   |
| Property:                              |  |  | ☐ Yes  |
| Lessor's name: Description of lea      | ased   |  | □ No   |
| Property:                              |  |  | ☐ Yes  |

Official Form 108

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| Debto<br>Debto |       | Michael W. Duzey  Bridget M. Duzey   | Case number (if known)  |
|----------------|-------|--|---|
|                |       |  |   |
| Lesso          |       |  | □ No  |
| Desc<br>Prope  | •     | n of leased  | ☐ Yes   |
| Lesso          |       | ame:<br>n of leased  | □ No  |
| Prope          | •     | TOT leased   | ☐ Yes   |
| Lesso          |       |  | □ No  |
| Prope          | •     | n of leased  | ☐ Yes   |
| Lesso          |       |  | □ No  |
| Prope          |       | n of leased  | ☐ Yes   |
| Part 3         | 3:    | Sign Below   |   |
|                |       | alty of perjury, I declare that I have indica<br>nat is subject to an unexpired lease. | d my intention about any property of my estate that secures a debt and any personal |
| X              | /s/ M | lichael W. Duzey   | X /s/ Bridget M. Duzey  |
|                | Mich  | ael W. Duzey   | Bridget M. Duzey  |
|                | Signa | ature of Debtor 1  | Signature of Debtor 2   |
|                | Date  | January 25, 2017   | Date <b>January 25, 2017</b>  |

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| Fill in this i                 | nformation to identify your case:  |   |  |  |                               |
|--------------------------------|--|---|--|--|-------------------------------|
|                                |  |   | eck one box only as di<br>2A-1Supp:                  | rected in this form and  | ın Form                       |
| Debtor 1                       | Michael W. Duzey   |   |  |  |                               |
| Debtor 2<br>(Spouse, if filing | Bridget M. Duzey   |   | 1. There is no presu                                 | umption of abuse   |                               |
| United Sta                     | tes Bankruptcy Court for the: Northern District of   | of Illinois   | applies will be m                                    | o determine if a presum<br>lade under <i>Chapter 7 N</i><br>cial Form 122A-2). | •                             |
| Case num<br>(if known)         | per  |   | ☐ 3. The Means Test                                  | does not apply now bed<br>service but it could app                             |                               |
|                                |  |   |  |  | ny later.                     |
| Officia                        | l Form 122A - 1  |   | ☐ Check if this is ar                                | i amended illing   |                               |
|                                | er 7 Statement of Your Cu  | rrant Manthly Inc   | omo  |  | 40/45                         |
| Gnapt                          | er / Statement of Your Cur   |   | Offic  |  | 12/15                         |
| attach a sep<br>case numbe     | ete and accurate as possible. If two married people<br>arate sheet to this form. Include the line number to variet in the control of the contro | which the additional information a<br>om a presumption of abuse becau             | applies. On the top of an<br>se you do not have prin | y additional pages, write<br>parily consumer debts or                          | your name and because of      |
| 1. What                        | is your marital and filing status? Check one or  | nly.  |  |  |                               |
|                                | ot married. Fill out Column A, lines 2-11.   |   |  |  |                               |
| □ м:                           | arried and your spouse is filing with you. Fill o  | ut both Columns A and B, lines  | 2-11.  |  |                               |
| □ ма                           | arried and your spouse is NOT filing with you.   | You and your spouse are:  |  |  |                               |
|                                | Living in the same household and are not leg   | ally separated. Fill out both Co  | lumns A and B, lines 2                               | -11.   |                               |
|                                | Living separately or are legally separated. Fill penalty of perjury that you and your spouse are living apart for reasons that do not include evadi  | legally separated under nonban  | kruptcy law that applie                              | s or that you and your   |                               |
| 101(10A)<br>the 6 mo           | e average monthly income that you received from all<br>. For example, if you are filing on September 15, the 6-n<br>ths, add the income for all 6 months and divide the tota<br>own the same rental property, put the income from that   | nonth period would be March 1 throu<br>I by 6. Fill in the result. Do not include | ugh August 31. If the amo<br>de any income amount mo | unt of your monthly income<br>ore than once. For example                       | e varied during<br>e, if both |
|                                |  |   | Column A Debtor 1                                    | Column B Debtor 2 or non-filing spouse   |                               |
|                                | gross wages, salary, tips, bonuses, overtime, Il deductions).  | and commissions (before all   | \$   | \$   |                               |
|                                | ony and maintenance payments. Do not include<br>nn B is filled in.   | payments from a spouse if   | \$   | \$   |                               |
| of yo<br>from<br>and r         | nounts from any source which are regularly pure or your dependents, including child support an unmarried partner, members of your household pommates. Include regular contributions from a specific property on the payments you listed on line 3.   | I. Include regular contributions d, your dependents, parents,                     | \$   | \$   |                               |
|                                | ncome from operating a business, profession,   | or farm   |  |  |                               |
|                                |  | Debtor 1  |  |  |                               |
| Gross                          | receipts (before all deductions) \$  |   |  |  |                               |
| Ordin                          | ary and necessary operating expenses -\$ _   |   |  |  |                               |
|                                | nonthly income from a business, ssion, or farm \$  | Copy<br>here ->   | \$   | \$   |                               |
| 6. Net ii                      | ncome from rental and other real property  | <b>D</b> 1  |  |  |                               |
| _                              |  | Debtor 1  |  |  |                               |
|                                | s receipts (before all deductions)   | \$  |  |  |                               |
|                                | ary and necessary operating expenses   | -\$<br>\$ Copy here ->  | <b>¢</b>   | \$   |                               |
|                                | nonthly income from rental or other real property  | Doby liefe ->   | \$   | \$   |                               |
| ∣ 7 Inter∉                     | est dividends and rovalties  |   | <b>v</b>   |  |                               |

Official Form 122A-1

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|  |  |  | Column A Debtor 1  | Column B Debtor 2 or   |
|--|--|--|--|--|
|  |  |  | _  | non-filing spouse  |
|  | nployment compensation ot enter the amount if you contend that the amount  | received was a benefit u   | \$   |  |
| the S  | Social Security Act. Instead, list it here:  |  |  |  |
| Fo   | or you \$ or your spouse \$  |  | -  |  |
| Fo   | or your spouse \$  |  | -  |  |
|  | sion or retirement income. Do not include any amo<br>fit under the Social Security Act.  | ount received that was a   | \$   | \$   |
| Do no<br>recei<br>dome   | me from all other sources not listed above. Spec<br>ot include any benefits received under the Social Se<br>ved as a victim of a war crime, a crime against hum<br>estic terrorism. If necessary, list other sources on a<br>below.  | ecurity Act or payments anity, or international or   |  |  |
|  | ·  |  | . \$   | _ \$   |
|  | <del></del>  |  | \$   | _ \$   |
|  | Total amounts from separate pages, if any.   | _  | + \$   | _ \$   |
|  | ulate your total current monthly income. Add line column. Then add the total for Column A to the total   |  |  | S  |
|  |  |  |  | income   |
| 2:   | Determine Whether the Means Test Applies to  | You  |  |  |
| Calc   | ulate your current monthly income for the year.  | Follow these steps:  |  |  |
|  | Copy your total current monthly income from line 1   | ·  | Copy line 1  | 1 here=> \$  |
|  | осру усал сола. одноги негия на негия на н   | ·  |  | Ψ  |
|  |  |  |  |  |
|  | Multiply by 12 (the number of months in a year)  |  |  | <b>x</b> 12  |
|  |  | form   |  | <b>x</b> 12  |
|  | Multiply by 12 (the number of months in a year)  The result is your annual income for this part of the   | form   |  |  |
| 12b.   |  |  |  |  |
| 12b.<br>Calc   | The result is your annual income for this part of the  |  |  |  |
| 12b.  Calc   | The result is your annual income for this part of the ulate the median family income that applies to y the state in which you live.  |  |  |  |
| 12b. Calc Fill in  | The result is your annual income for this part of the ulate the median family income that applies to y the state in which you live.  | ou. Follow these steps:  |  | 12b. \$  |
| Calci<br>Fill in<br>Fill in<br>To fir                          | The result is your annual income for this part of the ulate the median family income that applies to y the state in which you live.  | ou. Follow these steps:  of household.  online using the link spec   | ified in the separate instr  | 12b. \$  |
| Calca<br>Fill in<br>Fill in<br>To fir<br>for th                | The result is your annual income for this part of the ulate the median family income that applies to y the state in which you live.  In the number of people in your household.  In the median family income for your state and size on the dist of applicable median income amounts, go of  | ou. Follow these steps:  of household.  online using the link spec   | ified in the separate instr  | 12b. \$  |
| Calca<br>Fill in<br>Fill in<br>To fir<br>for th                | The result is your annual income for this part of the ulate the median family income that applies to you the state in which you live.  In the number of people in your household.  In the median family income for your state and size of the median family income for your state and size of a list of applicable median income amounts, go of the people in your state and size of the median income amounts, go of the people in your state and size of the people in your state and size of the median income amounts, go of the people in your state and size of the median income amounts, go of the people in your state and size of the people in your state and size of the median income amounts, go of the people in your state and size of the median income amounts, go of the people in your state and size of the people in your state and size of the median income amounts, go of the people in your state and size of the people in your state and your state | ou. Follow these steps:  of household.  online using the link specuptcy clerk's office.  | ified in the separate instr  | 12b. \$  |
| Calci<br>Fill in<br>Fill in<br>To fir<br>for th                | The result is your annual income for this part of the ulate the median family income that applies to you the state in which you live.  In the number of people in your household.  In the median family income for your state and size of a list of applicable median income amounts, go on the state in the bankrous form. This list may also be available at the bankrous do the lines compare?  Line 12b is less than or equal to line 13. On   | ou. Follow these steps:  of household.  online using the link specuptcy clerk's office.  the top of page 1, check  | ified in the separate instructions in the separate in the sepa | 12b. \$  13. \$  unuption of abuse.  |
| Calc. Fill in Fill in To fir for th How 14a. 14b.              | The result is your annual income for this part of the ulate the median family income that applies to you the state in which you live.  In the number of people in your household.  In the median family income for your state and size of the dalist of applicable median income amounts, go of the lines compare?  I have been been been been been been been be   | ou. Follow these steps:  of household.  online using the link specuptcy clerk's office.  the top of page 1, check  | ified in the separate instructions in the separate in the sepa | 12b. \$  13. \$  unuption of abuse.  |
| 12b. Calc Fill in Fill in To fir for th 14a. 14b.              | The result is your annual income for this part of the ulate the median family income that applies to y in the state in which you live.  In the number of people in your household.  In the median family income for your state and size of and a list of applicable median income amounts, go on his form. This list may also be available at the bankround of the lines compare?  Line 12b is less than or equal to line 13. On Go to Part 3.  Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.  | ou. Follow these steps:  of household.  online using the link specuptcy clerk's office.  the top of page 1, check page 1, check box 2, To  | ified in the separate instruction of abuse in the presumption of abuse in the presumpt | 12b. \$  13. \$  unctions \$  significant of abuse.  is determined by Form 122A-2. |
| Calc<br>Fill in<br>Fill in<br>To fir<br>for th<br>14a.<br>14b. | The result is your annual income for this part of the ulate the median family income that applies to you have the state in which you live.  In the number of people in your household.  In the median family income for your state and size of and a list of applicable median income amounts, go on his form. This list may also be available at the bankrous do the lines compare?  Line 12b is less than or equal to line 13. On Go to Part 3.  Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.  Sign Below  By signing here, I declare under penalty of perjury to   | ou. Follow these steps:  of household.  online using the link specuptcy clerk's office.  the top of page 1, check page 1, check box 2, The chat the information on the chat the information on the chat the information on the chat the control of the chat the information on the chat th | ified in the separate instruction of a buse in the presumption of abuse in the statement and in any a  | 12b. \$  13. \$  unctions \$  significant of abuse.  is determined by Form 122A-2. |
| Calc<br>Fill in<br>Fill in<br>To fir<br>for th<br>14a.<br>14b. | The result is your annual income for this part of the ulate the median family income that applies to you have the state in which you live.  In the number of people in your household.  In the median family income for your state and size of the median family income for your state and size of the alist of applicable median income amounts, go of the lines compare?  I have the lines than or equal to line 13. On Go to Part 3.  I have the line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.  Sign Below  By signing here, I declare under penalty of perjury to the line in the line is the line  | ou. Follow these steps:  of household.  online using the link specuatcy clerk's office.  the top of page 1, check page 1, check box 2, The chart the information on the chart the | ified in the separate instruction of a buse in the presumption of abuse in the statement and in any a stratement and in any a Bridget M. Duzey   | 12b. \$  13. \$  unctions \$  significant of abuse.  is determined by Form 122A-2. |
| 12b.  Calc Fill in Fill in To fir for th How 14a. 14b.         | The result is your annual income for this part of the ulate the median family income that applies to you have the state in which you live.  In the number of people in your household.  In the median family income for your state and size of and a list of applicable median income amounts, go on his form. This list may also be available at the bankrous do the lines compare?  Line 12b is less than or equal to line 13. On Go to Part 3.  Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.  Sign Below  By signing here, I declare under penalty of perjury to   | ou. Follow these steps:  If household. In ho | ified in the separate instruction of a buse in the presumption of abuse in the statement and in any a  | 12b. \$  13. \$  unctions \$  significant of abuse.  is determined by Form 122A-2. |
| 12b. Calce Fill in Fill in To fir for th 14a. 14b.             | The result is your annual income for this part of the ulate the median family income that applies to you have the state in which you live.  In the number of people in your household.  In the median family income for your state and size of the median family income for your state and size of the alist of applicable median income amounts, go of the lines compare?  I have the lines than or equal to line 13. On Go to Part 3.  I have the line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.  Sign Below  By signing here, I declare under penalty of perjury the line 14. Duzey  Michael W. Duzey  Michael W. Duzey   | ou. Follow these steps:  If household. In ho | ified in the separate instruction of a buse in the presumption of abuse in the presump | 12b. \$  13. \$  unctions \$  significant of abuse.  is determined by Form 122A-2. |

Michael W. Duzey

Debtor 1

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| Fill i                | n this info                          | orma                    | ation to identify your case:  |  |
|-----------------------|--------------------------------------|-------------------------|---|--|
| Debt                  | tor 1                                | Mi                      | chael W. Duzey  |  |
| Debt                  | tor 2<br>ouse, if filir              |                         | idget M. Duzey  |  |
| Unite                 | ed States                            | Bank                    | ruptcy Court for the: Northern District of Illinois   |  |
|                       | e number<br>nown)                    |                         |   | ☐ Check if this is an amended filing   |
|                       |                                      |                         | m 122A - 1Supp<br>of Exemption from Presumption of Al   | ouse Under § 707(b)(2) 12/1  |
| exem<br>exclu<br>equi | pted from<br>Isions in<br>Ired by 11 | n a p<br>this s<br>U.S. | resumption of abuse. Be as complete and accurate as possible. If statement applies to only one of you, the other person should con C. § 707(b)(2)(C).                               | two married people are filing together, and any of the   |
| Part                  |                                      |                         | y the Kind of Debts You Have  | C. \$ 101/9) on "inquirred by an individual primarily for a  |
| 1.                    | personal,                            | fami                    | ts primarily consumer debts? Consumer debts are defined in 11 U.S<br>ly, or household purpose." Make sure that your answer is consistent w<br>ing for Bankruptcy (Official Form 1). |  |
|                       | ■ No.                                | Go to                   | Form 122A-1; on the top of page 1 of that form, check box 1, There is   | no presumption of abuse, and sign Part 3. Then submit this   |
|                       |                                      |                         | ement with the signed Form 122A-1.  | , ,  |
|                       | ☐ Yes. (                             | Go to                   | Part 2.   |  |
| Part                  | 2: De                                | eterm                   | nine Whether Military Service Provisions Apply to You   |  |
|                       |                                      |                         | abled veteran (as defined in 38 U.S.C. § 3741(1))?  |  |
|                       | □ No.                                |                         |   |  |
|                       |                                      | •                       | ou incur debts mostly while you were on active duty or while you were S.C. § 101(d)(1); 32 U.S.C. § 901(1).   | performing a homeland defense activity?  |
|                       |                                      | lo.                     | Go to line 3.   |  |
|                       | □ Y                                  | es.                     | Go to Form 122A-1: on the top of page 1 of that form, check box 1, 7 submit this supplement with the signed Form 122A-1.  | nere is no presumption of abuse, and sign Part 3. Then   |
| 3.                    | Are you                              | or ha                   | eve you been a Reservist or member of the National Guard?   |  |
|                       | □ No.                                | Con                     | nplete Form 122A-1. Do not submit this supplement.  |  |
|                       | ☐ Yes.                               | Wer                     | e you called to active duty or did you perform a homeland defense acti  | vity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).   |
|                       |                                      | lo.                     | Complete Form 122A-1. Do not submit this supplement.  |  |
|                       | □ Y                                  | es.                     | Check any one of the following categories that applies:   |  |
|                       |                                      |                         | I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.   | If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3 The Means Test does not apply now, and sign Part 3. There  |
|                       |                                      |                         | I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on, which is fewer than 540 days before I file this bankruptcy case.   | submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The <i>exclusion period</i> means the time you are on active duty or are performing a |
|                       |                                      |                         | I am performing a homeland defense activity for at least 90 days.   | homeland defense activity, and for 540 days afterward, 11  |
|                       |                                      |                         | I performed a homeland defense activity for at least 90 days, ending on, which is fewer than 540 days before I file this bankruptcy case.   | If your exclusion period ends before your case is closed, you may have to file an amended form later.  |

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| Fill in this i                 | nformation to identify your case:  |   |  |  |                               |
|--------------------------------|--|---|--|--|-------------------------------|
|                                |  |   | eck one box only as di<br>2A-1Supp:                  | rected in this form and  | ın Form                       |
| Debtor 1                       | Michael W. Duzey   |   |  |  |                               |
| Debtor 2<br>(Spouse, if filing | Bridget M. Duzey   |   | 1. There is no presu                                 | umption of abuse   |                               |
| United Sta                     | tes Bankruptcy Court for the: Northern District of   | of Illinois   | applies will be m                                    | o determine if a presum<br>lade under <i>Chapter 7 N</i><br>cial Form 122A-2). | •                             |
| Case num<br>(if known)         | per  |   | ☐ 3. The Means Test                                  | does not apply now bed<br>service but it could app                             |                               |
|                                |  |   |  |  | ny later.                     |
| Officia                        | l Form 122A - 1  |   | ☐ Check if this is ar                                | i amended illing   |                               |
|                                | er 7 Statement of Your Cu  | rrant Manthly Inc   | omo  |  | 40/45                         |
| Gnapt                          | er / Statement of Your Cur   |   | Offic  |  | 12/15                         |
| attach a sep<br>case numbe     | ete and accurate as possible. If two married people<br>arate sheet to this form. Include the line number to variet in the control of the contro | which the additional information a<br>om a presumption of abuse becau             | applies. On the top of an<br>se you do not have prin | y additional pages, write<br>parily consumer debts or                          | your name and because of      |
| 1. What                        | is your marital and filing status? Check one or  | nly.  |  |  |                               |
|                                | ot married. Fill out Column A, lines 2-11.   |   |  |  |                               |
| □ м:                           | arried and your spouse is filing with you. Fill o  | ut both Columns A and B, lines  | 2-11.  |  |                               |
| □ ма                           | arried and your spouse is NOT filing with you.   | You and your spouse are:  |  |  |                               |
|                                | Living in the same household and are not leg   | ally separated. Fill out both Co  | lumns A and B, lines 2                               | -11.   |                               |
|                                | Living separately or are legally separated. Fill penalty of perjury that you and your spouse are living apart for reasons that do not include evadi  | legally separated under nonban  | kruptcy law that applie                              | s or that you and your   |                               |
| 101(10A)<br>the 6 mo           | e average monthly income that you received from all<br>. For example, if you are filing on September 15, the 6-n<br>ths, add the income for all 6 months and divide the tota<br>own the same rental property, put the income from that   | nonth period would be March 1 throu<br>I by 6. Fill in the result. Do not include | ugh August 31. If the amo<br>de any income amount mo | unt of your monthly income<br>ore than once. For example                       | e varied during<br>e, if both |
|                                |  |   | Column A Debtor 1                                    | Column B Debtor 2 or non-filing spouse   |                               |
|                                | gross wages, salary, tips, bonuses, overtime, Il deductions).  | and commissions (before all   | \$   | \$   |                               |
|                                | ony and maintenance payments. Do not include<br>nn B is filled in.   | payments from a spouse if   | \$   | \$   |                               |
| of yo<br>from<br>and r         | nounts from any source which are regularly pure or your dependents, including child support an unmarried partner, members of your household pommates. Include regular contributions from a specific property on the payments you listed on line 3.   | I. Include regular contributions d, your dependents, parents,                     | \$   | \$   |                               |
|                                | ncome from operating a business, profession,   | or farm   |  |  |                               |
|                                |  | Debtor 1  |  |  |                               |
| Gross                          | receipts (before all deductions) \$  |   |  |  |                               |
| Ordin                          | ary and necessary operating expenses -\$ _   |   |  |  |                               |
|                                | nonthly income from a business, ssion, or farm \$  | Copy<br>here ->   | \$   | \$   |                               |
| 6. Net ii                      | ncome from rental and other real property  | <b>D</b> 1  |  |  |                               |
| _                              |  | Debtor 1  |  |  |                               |
|                                | s receipts (before all deductions)   | \$  |  |  |                               |
|                                | ary and necessary operating expenses   | -\$<br>\$ Copy here ->  | <b>¢</b>   | \$   |                               |
|                                | nonthly income from rental or other real property  | Doby liefe ->   | \$   | \$   |                               |
| ∣ 7 Inter∉                     | est dividends and rovalties  |   | <b>v</b>   |  |                               |

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| or 2 Michael W. Duzey Bridget M. Duzey   |  |  | Case number  | (if known)                                |                                     |                     |
|--|--|--|--|---|-------------------------------------|---------------------|
|  |  |  | Column A Debtor 1  |   | Column B Debtor 2 or non-filing s   |                     |
| Unemployment compensation  |  |  | \$   |   | \$                                  |                     |
| the Social Security Act. Instead, lis  |  |  |  |   | ·                                   |                     |
| For your spouse  | \$<br>\$   |  |  |   |                                     |                     |
| Pension or retirement income. D<br>benefit under the Social Security A   | o not include any amount received that v   | vas a  | \$   |   | \$                                  |                     |
| Do not include any benefits receive received as a victim of a war crime  | ot listed above. Specify the source and<br>ed under the Social Security Act or paym<br>, a crime against humanity, or internation<br>st other sources on a separate page and   | ents<br>nal or   |  |   |                                     |                     |
| •  |  |  | \$   |   | \$                                  |                     |
|  |  |  | \$   |   | \$                                  |                     |
| Total amounts from separ   | ate pages, if any.   | +  | \$   |   | \$                                  |                     |
|  | thly income. Add lines 2 through 10 for r Column A to the total for Column B.  | \$   | _  | + \$                                      |                                     | Total current month |
|  |  |  |  |   |                                     | income              |
| Determine Whether the Mo   | eans Test Applies to You   |  |  |   |                                     |                     |
|  |  | <u> </u>   |  |   |                                     |                     |
| . Calculate your current monthly i   | ncome for the year. Follow these steps   |  | Сору   | / line 11 he                              | re=>                                | \$                  |
| . Calculate your current monthly in 12a. Copy your total current month Multiply by 12 (the number of   | ncome for the year. Follow these steps ly income from line 11 months in a year)  |  | Сору   | / line 11 he                              | re=>                                |                     |
| . Calculate your current monthly i<br>12a. Copy your total current month   | ncome for the year. Follow these steps ly income from line 11 months in a year)  |  | Сору   | / line 11 he                              | 12b.                                |                     |
| Calculate your current monthly in 12a. Copy your total current month.  Multiply by 12 (the number of 12b. The result is your annual inco   | ncome for the year. Follow these steps ly income from line 11 months in a year)  |  | Сору   | / line 11 he                              |                                     |                     |
| Calculate your current monthly it     12a. Copy your total current month     Multiply by 12 (the number of     12b. The result is your annual inco   | ncome for the year. Follow these steps ly income from line 11 months in a year) me for this part of the form   |  | Сору   | / line 11 he                              |                                     | \$<br><b>x</b> 12   |
| Calculate your current monthly in 12a. Copy your total current month Multiply by 12 (the number of 12b. The result is your annual inco   | mcome for the year. Follow these steps by income from line 11  |  | Сору   | / line 11 he                              |                                     |                     |
| Calculate your current monthly in 12a. Copy your total current month.  Multiply by 12 (the number of 12b. The result is your annual inco.)  Calculate the median family inco.  Fill in the state in which you live.  Fill in the number of people in your Fill in the median family income for To find a list of applicable median in the median i | mcome for the year. Follow these steps by income from line 11  | eps:   |  |   | 12b.                                |                     |
| Calculate your current monthly in 12a. Copy your total current month.  Multiply by 12 (the number of 12b. The result is your annual incomplete.  Calculate the median family incomplete.  Fill in the state in which you live.  Fill in the number of people in your people in your people in the median family income for the find a list of applicable median in for this form. This list may also be a  | mcome for the year. Follow these steps ally income from line 11 months in a year) me for this part of the form me that applies to you. Follow these steps are thousehold. They your state and size of household. They come amounts, go online using the link   | eps:   |  |   | 12b.                                | . \$                |
| . Calculate your current monthly in 12a. Copy your total current month.  Multiply by 12 (the number of 12b. The result is your annual incomposed.  Calculate the median family incomposed.  Fill in the state in which you live.  Fill in the number of people in your people in your people in the median family incomposed for this form. This list may also be sometimed to the lines compare?  14a.   Line 12b is less than of Go to Part 3.   | mcome for the year. Follow these steps ally income from line 11 months in a year) me for this part of the form me that applies to you. Follow these steps are the form applies to you. Follow these steps are the form applies to you. Follow these steps are that applies to you.   | eps:  specified  check box   | in the separa  | ate instruction                           | 12b.<br>13.<br>ons                  | \$\$<br>\$          |
| . Calculate your current monthly in 12a. Copy your total current month Multiply by 12 (the number of 12b. The result is your annual incomposed. Calculate the median family incomposed. Calculate the median family incomposed. Fill in the state in which you live.  Fill in the number of people in your Fill in the median family incomposed for To find a list of applicable median in for this form. This list may also be a composed. How do the lines compare?  14a.  Line 12b is less than of Go to Part 3.  | mcome for the year. Follow these steps ally income from line 11 months in a year) me for this part of the form me that applies to you. Follow these steps are that applies to your state and size of household.  It your state and size of household.  Income amounts, go online using the link available at the bankruptcy clerk's office.  In equal to line 13. On the top of page 1, check box  | eps:  specified  check box   | in the separa  | ate instruction                           | 12b.<br>13.<br>ons                  | \$\$<br>\$          |
| . Calculate your current monthly in 12a. Copy your total current month Multiply by 12 (the number of 12b. The result is your annual incomposed. Calculate the median family incomposed in the state in which you live.  Fill in the number of people in your Fill in the median family incomposed in the form. This list may also be a forthis form. This list may also be a composed in the state in the state in which you live.  Fill in the median family income for the form. This list may also be a composed in the state of the state | mcome for the year. Follow these steps by income from line 11 months in a year) me for this part of the form me that applies to you. Follow these steps by the form and the steps by the form and the following the link available at the bankruptcy clerk's office. The equal to line 13. On the top of page 1, line 13. On the top of page 1, check box at Form 122A-2.  | eps:  specified  check box 2, The pro                                      | in the separa<br>1, There is n   | nte instruction<br>no presump             | 12b.<br>13.<br>ons<br>tion of abuse | \$                  |
| . Calculate your current monthly in 12a. Copy your total current month Multiply by 12 (the number of 12b. The result is your annual incomposed. Calculate the median family incomposed in the state in which you live.  Fill in the number of people in your Fill in the median family incomposed in the form. This list may also be a forthis form. This list may also be a composed in the state in the state in which you live.  Fill in the median family income for the form. This list may also be a composed in the state of the state | mcome for the year. Follow these steps ally income from line 11 months in a year) me for this part of the form me that applies to you. Follow these steps are that applies to your state and size of household.  It your state and size of household.  Income amounts, go online using the link available at the bankruptcy clerk's office.  In equal to line 13. On the top of page 1, check box  | eps:  specified  check box 2, The pro                                      | in the separa<br>1, There is n   | nte instruction<br>no presump             | 12b.<br>13.<br>ons<br>tion of abuse | \$                  |
| . Calculate your current monthly in 12a. Copy your total current month Multiply by 12 (the number of 12b. The result is your annual incomposed. Calculate the median family incomposed in the state in which you live.  Fill in the number of people in your Fill in the median family incomposed in the form. This list may also be a forthis form. This list may also be a composed in the state in the state in which you live.  Fill in the median family income for the form. This list may also be a composed in the state of the state | mcome for the year. Follow these steps by income from line 11 months in a year) me for this part of the form me that applies to you. Follow these steps because the property of the property of the property of page 1, check box at Form 122A-2.  The property of perjury that the information of the property of the propert | eps:  specified  check box  7. The properties on this sta                  | in the separa<br>1, There is n   | no presump<br>abuse is de                 | 12b.<br>13.<br>ons<br>tion of abuse | \$                  |
| . Calculate your current monthly in 12a. Copy your total current month Multiply by 12 (the number of 12b. The result is your annual incomposed. Calculate the median family incomposed.  Calculate the median family incomposed. Fill in the state in which you live.  Fill in the number of people in your Fill in the median family incomposed for To find a list of applicable median in for this form. This list may also be a composed. How do the lines compare?  14a.  Line 12b is less than on Go to Part 3.  14b. Line 12b is more than Go to Part 3 and fill out 3: Sign Below  By signing here, I declare uncomposed.   | mcome for the year. Follow these steps by income from line 11 months in a year) me for this part of the form me that applies to you. Follow these steps because the property of the property of the property of page 1, check box at Form 122A-2.  The property of perjury that the information of the property of the propert | specified  check box 2, The pro on this sta                                | in the separa  1, There is nesumption of atement and i   | no presump<br>abuse is de<br>in any attac | 12b.<br>13.<br>ons<br>tion of abuse | \$                  |
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Michael W. Duzey

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| Fill in this info                                | orma                     | tion to identify your case:  |  |
|--|--------------------------|--|--|
| Debtor 1   | Mi                       | chael W. Duzey   |  |
| Debtor 2<br>(Spouse, if filir                    |                          | idget M. Duzey   |  |
| United States                                    | Bankı                    | ruptcy Court for the: Northern District of Illinois  |  |
| Case number (if known)                           |                          |  | ☐ Check if this is an amended filing   |
|  |                          | n 122A - 1Supp<br>of Exemption from Presumption of A   | Abuse Under § 707(b)(2) 12/1   |
| exempted from<br>exclusions in<br>required by 11 | n a pi<br>this s<br>U.S. | nt together with Chapter 7 Statement of Your Current Monthly In<br>resumption of abuse. Be as complete and accurate as possible.<br>statement applies to only one of you, the other person should co<br>C. § 707(b)(2)(C). | If two married people are filing together, and any of the  |
| Are your personal,                               | <b>debt</b>              | is primarily consumer debts? Consumer debts are defined in 11 U ly, or household purpose." Make sure that your answer is consistent ng for Bankruptcy (Official Form 1).   |  |
|  | suppl                    | Form 122A-1; on the top of page 1 of that form, check box 1, <i>There</i> ement with the signed Form 122A-1. Part 2.   | is no presumption of abuse, and sign Part 3. Then submit this  |
| Part 2: De                                       | eterm                    | ine Whether Military Service Provisions Apply to You   |  |
|  |                          | abled veteran (as defined in 38 U.S.C. § 3741(1))?   |  |
| □ No.  |                          |  |  |
|  | •                        | ou incur debts mostly while you were on active duty or while you wer S.C. § 101(d)(1); 32 U.S.C. § 901(1).   | e performing a homeland defense activity?  |
|  |                          | Go to line 3.  |  |
|  | es.                      | Go to Form 122A-1: on the top of page 1 of that form, check box 1, submit this supplement with the signed Form 122A-1.   | There is no presumption of abuse, and sign Part 3. Then  |
| 3. Are you                                       | or ha                    | ve you been a Reservist or member of the National Guard?   |  |
| ☐ No.  | Com                      | plete Form 122A-1. Do not submit this supplement.  |  |
| ☐ Yes.   | Wer                      | e you called to active duty or did you perform a homeland defense a  | ctivity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).  |
|  | lo.                      | Complete Form 122A-1. Do not submit this supplement.   |  |
|  | es.                      | Check any one of the following categories that applies:  |  |
|  |                          | I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.  | If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, The Means Test does not apply now, and sign Part 3. Then supply this supplement with the signed Form 122A-1. You  |
|  |                          | I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on, which is fewer than 540 days before I file this bankruptcy case.  | submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The <i>exclusion period</i> means the time you are on active duty or are performing a |
|  |                          | I am performing a homeland defense activity for at least 90 day  | homeland defense activity, and for 540 days afterward, 11  |
|  |                          | I performed a homeland defense activity for at least 90 days, ending on, which is fewer than 540 days before file this bankruptcy case.  | If your exclusion period ands before your case is closed   |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| C        | hapter 7: | Liquidation        |
|----------|-----------|--------------------|
|          | \$245     | filing fee         |
|          | \$75      | administrative fee |
| <u>+</u> | \$15      | trustee surcharge  |
|          | \$335     | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-02205 Doc 1 Filed 01/25/17 Entered 01/25/17 16:28:12 Desc Main Document Page 68 of 73

B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** Northern District of Illinois

| In   | re       | Michael W. Du<br>Bridget M. Du   |  |   |  |   |   | Case No.   |   |                        |
|------|----------|--|--|---|--|---|---|--|---|------------------------|
|      | -        |  | -  |   |  | Debtor(s)   |   | Chapter  | 7                                       |                        |
|      |          | DIS  | CLOSURE  | E OF COMP                               | ENSATIC  | ON OF ATT   | <b>FORNEY</b>   | FOR DE   | EBTOR(S)                                | ı                      |
| 1.   | cor      | tursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to e rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: |  |   |  |   |   |  |   |                        |
|      |          | For legal service  | es, I have agree   | d to accept                             |  |   | \$  |  | 7,500.00                                | <u>)</u>               |
|      |          | Prior to the filir   | ng of this statem  | ent I have receive                      |  |   |   |  | 4,632.00                                | <u>)</u>               |
|      |          | Balance Due  |  |   |  |   | \$  |  | 2,868.00                                | <u>)</u>               |
| 2.   | \$       | <b>335.00</b> of the   |  |   |  |   |   |  |   |                        |
| 3.   | The      | e source of the co   | mpensation paid  | d to me was:                            |  |   |   |  |   |                        |
|      |          | Debtor   | ☐ Other (s   | pecify):                                |  |   |   |  |   |                        |
| 4.   | The      | e source of compe  | ensation to be pa  | aid to me is:                           |  |   |   |  |   |                        |
|      |          | Debtor   | ☐ Other (s   | pecify):                                |  |   |   |  |   |                        |
| 5.   |          | I have not agree   | d to share the ab  | pove-disclosed con                      | mpensation wi  | th any other pe   | erson unless th   | ey are meml  | pers and assoc                          | tiates of my law firm. |
|      |          |  |  | e-disclosed compe<br>with a list of the |  |   |   |  |   | of my law firm. A      |
| 6.   | In       | return for the abo   | ve-disclosed fee   | e, I have agreed to                     | o render legal s   | service for all as  | spects of the b   | ankruptcy c  | ase, including                          | :                      |
|      | b.<br>c. | Preparation and f<br>Representation o<br>[Other provisions<br>Negotiation<br>reaffirmate<br>for payme  | filing of any pet<br>f the debtor at the<br>s as needed]<br>ons with secution agreemer<br>ant of balance |   | statement of af ditors and conformations are to lations as need to lations and lations are lations as need to lations and lations are lations as need to lations and lations are need to lations and lations are need to lations a | fairs and plan w<br>Firmation hearin<br>market value<br>eded; Upon co | which may be<br>ng, and any ad<br>e; exemption<br>onfirmation | required;<br>ljourned hea<br>planning;<br>of written | rings thereof; preparation Post-Petitio |                        |
| 7.   | Ву       | Represen   |  |   |  |   |   |  | es, relief fro                          | m stay actions or      |
|      |          |  |  |   | CERTII   | FICATION  |   |  |   |                        |
| this |          | ertify that the fore<br>kruptcy proceedir  |  | olete statement of                      | any agreemen   | t or arrangemer   | nt for paymen   | t to me for re                                       | epresentation of                        | of the debtor(s) in    |
|      | Jan      | uary 25, 2017  |  |   |  | /s/ James T. I  | Magee   |  |   |                        |
|      | Date     | 2  |  |   |  | <b>James T. Mag</b><br>Signature of Att                               |   | 6  |   |                        |
|      |          |  |  |   | I  | Magee Hartm   | nan, P.C.   |  |   |                        |
|      |          |  |  |   |  | 444 North Ce<br>Round Lake,   |   | oad  |   |                        |
|      |          |  |  |   |  | (847) 546-005   | 55 Fax: (847  |  | )                                       |                        |
|      |          |  |  |   |  | bk@mageeha<br>Name of law fir   |   |  |   |                        |
|      |          |  |  |   |  | tanc of inv fir   |   |  |   |                        |

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### United States Bankruptcy Court Northern District of Illinois

| Michael W. Duzey<br>Bridget M. Duzev       |  | Case No.  |                              |
|--|--|---|------------------------------|
|  | Debtor(s)  | Chapter   | 7                            |
| VE   | ERIFICATION OF CREDITOR M                                      | ATRIX   |                              |
|  | Number of  | Creditors: _  | 39                           |
| The above-named Debtor(s) (our) knowledge. | ) hereby verifies that the list of credit                      | ors is true and   | correct to the best of my    |
| January 25, 2017                           | /s/ Michael W. Duzey   |   |                              |
|  | Signature of Debtor  |   |                              |
| January 25, 2017                           | /s/ Bridget M. Duzey   |   |                              |
|  | Bridget M. Duzey   |   |                              |
|  | Signature of Debtor  |   |                              |
|  | VI The above-named Debtor(s (our) knowledge.  January 25, 2017 | Debtor(s)  VERIFICATION OF CREDITOR M  Number of  The above-named Debtor(s) hereby verifies that the list of credit (our) knowledge.  January 25, 2017  /s/ Michael W. Duzey Signature of Debtor  January 25, 2017  /s/ Bridget M. Duzey Bridget M. Duzey | Debtor(s)   Case No. Chapter |

Alan Kaufman Attorney at Law 1 East Wacker Drive, #1250 Chicago, IL 60601

Ally Financial P. O. Box 380901 Bloomington, MN 55438

American Chartered Bank c/o Lichtman Eisen Partners, Ltd. 222 North LaSalle Street, #300 Chicago, IL 60601

American Express Correspondence P. O. Box 981540 El Paso, TX 79998

Associated Bank 1305 Main Street Stevens Point, WI 54481

Bank of America NC4-105-03-14 P. O. Box 26012 Greensboro, NC 27410

Bioject

Chase Bank Correspondence Department P. O. Box 15278 Wilmington, DE 19850

Chase Card Services Correspondence Department P. O. Box 15278 Wilmington, DE 19850

Christopher J. Hoklas, D.C. c/o Steven A. Miner 28 Rolling Hills Drive Barrington, IL 60010

Chuhak & Tecson, P.C. 30 South Wacker Drive, #2600 Chicago, IL 60606

Citibank P. O. Box 6241 Sioux Falls, SD 57117

Citibank N.A./The Home Depot c/o Portfolio Recovery Associates P. O. Box 12914 Norfolk, VA 23541

Citibank, N.A. c/o Portfolio Recovery P. O. Box 41067 Norfolk, VA 23541

Credit One Bank NA P. O. Box 98873 Las Vegas, NV 89193

Diagnos-Techs, Inc. P. O. Box 389662 Tukwila, WA 98138-0662

Discover Financial P. O. Box 3025 New Albany, OH 43054

Fifth Third Bank c/o McCarthy Burgess & Wolff 26000 Cannon Road Cleveland, OH 44146

Ford Motor Credit National Bankruptcy Service Center P. O. Box 62180 Colorado Springs, CO 80962

Freedom Practice Solutions 2103 Dayflower Terrace Cedar Park, TX 78613

GE Capital Retail Bank c/o Portfolio Recovery P. O. Box 41067 Norfolk, VA 23541

Healthcare Revenue Solutions, Inc.

Illinois Dept. of Revenue P. O. Box 64338 Chicago, IL 60664-0338

Internal Revenue Service P. O. Box 7346 Philadelphia, PA 19101-7346

Jeannette Belzer Lake Bluff, IL 60044

Kohls/Capital One Kohls Credit P. O. Box 3043 Milwaukee, WI 53201

Nationstar Mortgage LLC 8950 Cypress Waters Blvd Coppell, TX 75019

Physicians Business Solutions c/o PDQ Services, Inc. 700 Churchill Court, #200 Woodstock, GA 30188

PNC Bank Attn: Bankruptcy 249 5th Avenue, #30 Pittsburgh, PA 15222

Rita Medvec 503 North Welco Drive Montgomery, MN 56069 Sprint c/o Enhanced Recovery Corp. 8014 Bayberry Road Jacksonville, FL 32256

Synchrony Bank / HH Gregg P. O. Box 965064 Orlando, FL 32896

Timothy Zelko 8585 West Forest Home Avenue Greenfield, WI 53228

Trizetto 1240 East Diehl Road, #200 Naperville, IL 60563

US Bank c/o Key Star Capital Fund, L.P. P. O. Box 1068 Stafford, TX 77497-1068

US Bank 4325 - 17th Avenue S Fargo, ND 58125

WE Energies c/o Harris & Harris 111 W. Jackson Blvd., #400 Chicago, IL 60604

Wisconsin Electric Power P. O. Box 2046, Rm. A130 Milwaukee, WI 53201

Zwicker and Associates 7366 North Lincoln Avenue, #102 Lincolnwood, IL 60712